Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

Date of Death, October 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E Coun

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 15 Heath St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, S. A. County

Date of Burial, Oct 24th 1878

Undertaker, Jos E. Evans

Place of Business, 678 W Balto

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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[OVER]

Board of Health, City of Baltimore,

Permit No. 28302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

Date of Death, Oct. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Smith

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, C *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 44 Hanover

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) ____

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Funeral Cemetary

Date of Burial, October. 26. 1878

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby st *Address* Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Octo. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet R. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* 0 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 17 Yrs

Place of Death, {Give street and number.} 163 W Pownal St.

Cause of Death, First (Primary,) Ignitus of Kidneys

Second (Immediate,) Dysentery

Duration of Last Sickness, 8 ds

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 28 1878

Undertaker, J. Mc Hose

Place of Business, 16 E Lexington St

David Streett M. D.

Medical Attendant.

Address Maternity Hospital - 163 W Pownal St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1898 BALTIMORE MD

Date of Death, October 25th; 2 o, clock, P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annet Arnold

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* One (1) *Months,* Seven (7) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N. 130 Conway St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 130 Conway St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 26 1898

Undertaker, Chas Macher

Place of Business, No 106 Columbia

Chas. A. Gardner M. D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 25: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Gaines

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Four *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 412 Lexington St Baltimore

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Laryngeal

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct. 26th 78

Undertaker, Chas. A. Ponder

Place of Business, 578 N. Balto St

Wm. McKenzie M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Graham

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, Blacksmith

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, about [illegible]

Place of Death, { Give street and number } [illegible] Pratt

Cause of Death { First, (Primary,) ~~Stricture~~ Chronic Cystitis & Stricture of Urethra

Second, (Immediate,) .....

Duration of last Sickness, 9 Years

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, [illegible] 1878

Undertaker, ...

Place of Business, ...

J. H. [illegible] M. D.
Medical Attendant.

Address, 71 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

Date of Death, Oct. 24/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Carter

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} Hull St. L. Point Balto. city

Cause of Death {First, (Primary,) Cancer of Liver

{Second, (Immediate,) .....

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 26th Oct

Undertaker, M Clark & Sons

Place of Business, 64 E. Baltimore St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Roddy

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, ... *Years,* ..... *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 8 Concord St

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) since birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 26th 1878

Undertaker, Joseph F Byrne

Place of Business, 39 N Liberty

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28309

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erseinia B Hahn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 361 Light St. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 361 do a do

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 27th 1878

Undertaker, Jos L. Loane

Place of Business, 568 W. Balto

Philip Hunter M. D.
Medical Attendant.

Address 323 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard, Ross. Wheeler

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 17 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 211 E. Madison St

Cause of Death { First, (Primary,) Acute Laryngitis / Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29th

Undertaker, G. Schilling

Place of Business, Schilling

W. E. Worrell *M. D.*
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

Date of Death, Oct 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James J. McKanner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Milk Business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tyrone Ireland

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} Whatcoat St No. 15

Cause of Death, First (Primary,) Haemoptysis

Second (Immediate,) Strangulation

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 27th 1878

L G Spranow M. D.
Medical Attendant

Undertaker, Chas F Keener

Place of Business, 127 N. Eutaw St *Address* No 127 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28312 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

Date of Death, Oct 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Easler

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, X *Years,* 13 *Months,* 3 *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 150 Eastern Ave

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew

Date of Burial, Oct 26th

Undertaker, Frank

Place of Business, 33 Bank

H. H. Rennert M. D.
Medical Attendant.

Address Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 28313,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shultz Jr

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} 70 W. Lanvale St - Balto

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, Several days

All the above info[illegible]

Place of Burial, Green Mount Cemetery

Date of Burial, Oct. 28 - 1878

Undertaker, W. Jenkins Son

Place of Busin[illegible] 16 Light St

Henry Shultz M. D.
Medical Attendant.

ddress[illegible]

Extract [illegible] *lth to secure a full and correct record of ity of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Elizabeth Kinnamon

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Elizabeth Kinnamon

Age, 47 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 306 N Howard St

Cause of Death {First, (Primary,)} Heart Disease

{Second, (Immediate,)} Dropsy

Duration of last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Oct. 27th 1878

Undertaker, H M Jenkins & Son

Place of Business, 16 Light St

G W Miltenberger, M. D.
Medical Attendant.

Address, 174 W Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

Date of Death, Oct. 25. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Sauter.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 78 *Years,* ____ *Months,* ____ *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number} 371 E. Lombard St.

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Atrophy of the brain.

Duration of last Sickness, Few days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 27/78

Aug. F. Erich M. D.
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 57 ½ Broadway *Address,* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 28316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26-1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Irving

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Eight *Years,* Nine *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 103 N. Aisquith

Cause of Death {First, (Primary.)} Typhoid Fever

{Second, (Immediate,)}

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis A.A. Co.

Date of Burial, Oct 27/78

Jno H Mudd M. D.
Medical Attendant.

Undertaker's Place of Business, Fry & Zile 52 & Broadway

Address, No 1022 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1218

...pecial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28317

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E. P. Skinner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 22 *Days*

Color, White

Married, Single, Widow or Wid..., {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country, (and how long in the United States if of Foreign)} Balto. City

Duration of Residence in the City of Baltimore, 10 yrs & 22 dys

Place of Death, {Give street and number} 103 Johnson St,

Cause of Death, {First, (Primary)} Accidentally run over by cart &
{Second, (Immediate,)} Mashed in the breast

Duration of last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 27th 1878

Undertaker, A... [illegible]

Place of Business, ... St. *Address,* Hanover & Barre...

C. E. Lee M. D.
Coroner's Assistant
Coroner S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Oct. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If Infant not named, give names of parents.} Rutherford Hayes Boyd (colored)

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 11 Lemon Alley Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 11 Lemon Alley

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Oct 27 1878

Undertaker Wm Dunlap

Place of Business, 110 Aisquith near C

J. Emmett Torrey M. D.
Medical Attendant.

Address. N. W. Cor Fayette & Low

Extract from Regulations of Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION [illegible] it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the [illegible] attending during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single), of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Hennie Robbins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 208 Mouliken Ln

Cause of Death, {First (Primary,) Stomatitis

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 27 1878

{*Undertaker,* Theo Locke

Place of Business. 73 Jefferson St

H Nelson M.D.
Medical Attendant.

Address 1 Broadway & Mouliken Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Patrick Nesden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 20 *Days.*

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 47 Hillen St

Cause of Death, First (Primary,) Dysthenia

Second (Immediate,)

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 26 1878

S. T. Coyner M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 [illegible] St *Address* 134 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Oct 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emile O'Mahoney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* [illegible] *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Pine & Saratoga Sts

Cause of Death, First (Primary,) Diphtheria malignant

Second (Immediate,) Asphyxia

Duration of Last Sickness, 8 days.

All the above Information should be furnished by the Physician.

Place of Burial, Forty Gloss

Date of Burial, 27 Oct 1878

Undertaker, Martin Corrigan

Place of Business, 239 Mulberry St

Jas. L. Brewer M. D.
Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 19 Bruce Street

Cause of Death, First (Primary,) age & predisposition to Erysipelas

Second (Immediate,) Erysipelas of head face & throat

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Se

Date of Burial, Oct 28/78

E Gover Cox M. D.
Medical Attendant.

Undertaker, J.B. Cook

Place of Business, No West Balto St *Address* 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Glenn

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 21 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No — Hunters Ally near Johns

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) dont Know

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Oct 27th

Undertaker, H C Whitehead

Place of Business, 28 Lexington St

Wm Whitridge M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ruben (Mother)

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} In rear of 35 Perry St

Cause of Death First, (Primary,) ———

Second, (Immediate,) Premature Birth—(7 mos

all its Life pury + Defic

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Oct 27th 1878

Undertaker, S. W. Chase

Place of Business, Howard St

Emma A Klein M. D.

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by D. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 28325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V. Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* One (1) *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 73 Jefferson Court.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 27 1878

Undertaker, Thos J Locke

Place of Business, 73 Jefferson

Address, ____

____ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday October 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hodges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 253 Park Avenue

Cause of Death, {First (Primary,) Softening of Brain

Second (Immediate,) Apoplexy

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 29th

Undertaker, Wm Wearn

Place of Business, 202 N Eutaw St

Reggie Buckler M. D.

Medical Attendant.

Address 135 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Vickery

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 180 Orleans St

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 27. 1878

Undertaker, M. A Dwyer

Place of Business, 74 S. Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26—1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Katrina Hammelbacher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ———

Age, 5 *Years,* / *Months,* ——— *Days.*

~~*Color,*~~ ——— *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

~~*Occupation,*~~ ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city — Md —

Duration of Residence in the City of Baltimore, Since birth —

Place of Death, {Give street and number.} 1 addison ac.

Cause of Death, First (Primary,) Burn — (accidental) —

Second (Immediate,) Shock "

Duration of Last Sickness, about 20 hours —

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, October 27th 1878

Undertaker, John J Paulus

Place of Business, 1616 Fleet St.

C. C. McDowell M. D.
Medical Attendant.

Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28329 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

Date of Death, Oct 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Scoggins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years.* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Office-cleaner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixteen Yrs.

Place of Death, {Give street and number.} No 63 West. Fayette St.

Cause of Death, First (Primary,) Cancer (omental ?)

Second (Immediate,) Apnoea

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Octob 28th 1878

E. F. Cordell M. D.
Medical Attendant.

Undertaker, Wm. N. Junge

Place of Business, No 10 Stockton Alley *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Stewart Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 142 Hill St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, more or less all its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, Oct 28th 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St

James Stewart M. D.

~~Medical Attendant.~~

Address, Com of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitz Gabrick

[OVER.]

Board of Health, City of Baltimore.

Permit No. 28331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, (1) One Months, 16 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 11 Hanover Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th 1878

Undertaker, John L Mackie

Place of Business, Park & Fayette Sts

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tracy Polley

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} female

Age, 20 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Cor Franklin & Fulton Sts

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate.) Congestion of lungs

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Oct 28th 1878

Undertaker, John Skeehan

Place of Business, Park & Fayette Sts

O. K. Ahler *M. D.*

Medical Attendant.

Address. 234 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Magenhoffer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 2 Ledenhall St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, October 28th Sherwood Gittings M. D.

Medical Attendant.

Undertaker, C. T. Hayes

Place of Business, Hanover 218. *Address,* 146 E. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caroline Reinecke

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 64 *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number} 112 330 Canton Av.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Prince Ge. Cemetery

Date of Burial, October 29th 1878

Undertaker, Leonhard Feurz

Place of Business, S. Bond St. No 275

L. Winternitz M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28335 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lurz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 9th *Years,* 9 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 E. Fayette St

Cause of Death, {First (Primary,) Cholera Infantum Convulsions
Second (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Oct 28th 1878

G. Liebman M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St — *Address* 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hawley.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 19 *Years,* 9 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Boiler Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Piedmont W Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 18 S Oregon St

Cause of Death, First (Primary,) Tuberculosis -

Second (Immediate,) Phthisis pulmonalis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th 1878

Undertaker, Lothar A. Ponder

Place of Business, No 518½ W. Balto st

W. McLeguler M. D.

Medical Attendant.

Address, S.W. Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kordinsky

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 288 S. Ann St

Cause of Death First, (Primary,)

Second, (Immediate,) Chol. Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 28 1878

James A Lennon M. D.
Medical Attendant.

Undertaker, Wm. D. Spicer

Place of Business, S. Bond St

Address, Comm. of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E Snyder

Board of Health, City of Baltimore

Permit No. 28338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

Date of Death, Oct 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lockard

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Balto Infirmary & Orphan Asylum Asy

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cancer

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, Oct 28th

{ *Undertaker,* Ambrose Koehler

{ *Place of Business,* 244 E. Lombard St

John F. Commonier M. D.
Medical Attendant.

Address, 516 Calvert & Read Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Logue

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 3 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 163. Harford Av.

Cause of Death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Oct 28 78

Undertaker, [illegible]

Place of Business, [illegible]

J. G. Dauschy M. D.
Medical Attendant.

Address, 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hartman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 210 N. Pratt St. Balto.

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestive Chills

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 29. October 1878

J. Klingling M. D.
Medical Attendant.

Undertaker, Ph. J. Dill

Place of Business, 193 Columbia ave *Address,* 90 Hanover St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhoda. Noxon

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 89 *Years,* 4 *Months,* 16 *Days*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calverts Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 3 Dobson Court

Cause of Death, {First (Primary,) Old Age
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 28 1878

Undertaker, John B Purdew

Place of Business, 13 Park Ave

J. A. Gillis M.D.
Medical Attendant.

Address, 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Elizabeth Emrich (Emrich)

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, Twenty six *Years,* None *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Dur[illegible]

Place of Death, { Give street and number } No 220 East Pratt St

Cause of Death, First, (Primary.) Cancer Scirrhus

Second, (Immediate.) Phthisis or Consumption

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 30th

Milton A Soper M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Francis Stear

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Five Six *Years,* Six *Months,* Twenty six *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Eastern East Monument St

Cause of Death, First, (Primary.) Apoplectic condition

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 29th

Miller St Jones M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Ave *Address,* Broadway & Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Herman

Sex, Male or ~~Female~~, { Cross out the words not required in this line. } Male

Age, ~~—~~ *Years,* 5 *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } 253 Dolphin St

Duration of Residence in the City of Baltimore, 5 Mo 12 da

Place of Death, { Give street and number. } 253 Dolphin St

Cause of Death, { First (Primary,) ; Second (Immediate,) } Meningitis 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Oct 29th 1878

Undertaker, Chas T. Saunders

Place of Business, 241 W. Saratoga

J. A. Gillis M.D.
Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Griffin Burke

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* Five *Months,* ~~Five~~ *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Lincoln Court

Cause of Death, { First (Primary,) Teething; Convulsions
Second (Immediate,) Convulsions

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Oct 28th 1878

Undertaker, Wm A Dunger

Place of Business, No 10 Stockton Aly *Address* 626 Lexington St

J. C. Skinner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Winfield Edmonds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 15 *Days.*

Color, *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Edmondson Ave 87

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, About Eighteen Days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Oct 29/78

Undertaker, Wm E. Chenowith *Address* No 115 N. Eutaw St

Place of Business, 126 Howard City

B. F. Hessman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimor

Permit No. 28347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

Date of Death, October 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Coney & A. Wittstadt

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.} (Parents Name

Age, ~~Years,~~ ~~Months,~~ 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 173 Chatsank St

Cause of Death First, (Primary,) Thrush

Second, (Immediate,) Inanition

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Oct 28th 78

Undertaker, H. Froehlich

Place of Business, Canton Ave

James A Steuart M.D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 28348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rebecca Shaber

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, Thirty Two *Years,* *Months,* One week *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and number} 261 North Central Avenue

Cause of Death, First, (Primary,) Hemeditax

Second, (Immediate,) Phthisis pulmonalis

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetry

Date of Burial, Oct 30

Milton E Taylor M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Monument and Cognitt st *Address,* Broadway & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28349

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Schaad

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 88 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 76 years.

Place of Death, { Give street and number } 236 N Fremont St

Cause of Death, { First, (Primary.) Old age

{ Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W M Cohesion Cem

Date of Burial, Oct 29, 1878

Undertaker, Henry Hoch

Place of Business, 309 Eutaw St

H. W. Brun M. D.
Medical Attendant.

Address, 6 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28350. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip H Austin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 8 Cathedral st

Cause of Death, First (Primary,) Burns - Prostration

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 30th Oct. 1878

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st.

W. T. Hundley M. D.
Medical Attendant.

Address 81 Read st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Degerman

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Four — *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 237 Walsh St

Cause of Death, First (Primary,) Pneumonia —

Second (Immediate,) Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 30th 1878

Undertaker, Jas J Andrews

Place of Business, 1648 Druid Hill Ave

D E Ryder — M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 29 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Turner

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.} fem.

Age, 35 *Years,* *Months,* 11 *Days*

Color, wht

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Phthisis — 93 Oak St

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Poplar Church Balto Co

Date of Burial, Oct 31st 1878

Undertaker, Wm Lloyd

Place of Business, Hampden Balto Co

G L Tannyhill M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1420

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ensinger

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 37 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give street and number} 575 S. Sharman Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) ____

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, October 29th

Undertaker, W. Tyfel

Place of Business, S. Bond st 15

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

Date of Death, October Twenty Eight 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. McBride

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Three *Years,* *Months,* *Days.*

Color, White

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Shoe Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 192 N. Exeter St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30 1878

A. P. McCabe *M. D.*
Medical Attendant.

Undertaker, James O'Byrne

Place of Business, No 63 N. Front St

Address 132 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F Eiland

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lewisburg Pa

Duration of Residence in the City of Baltimore, 2 Yrs and some Month

Place of Death, { Give street and number } 217 Alice Anna

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,) Paralysis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt. Olivet Cemetery~~ Lewisburg Pa

Date of Burial, October 30 1878

Undertaker, W. C. Watchman

Place of Business, 172 S Bond St

James E Donnelly M. D.
Medical Attendant.

Address, 244 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Burial 1421

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 BALTIMORE

Date of Death, Oct 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Leanor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 222 Cooksie st. L. Point

Cause of Death, {First (Primary,) Diarhrea

Second (Immediate,) do

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Comet

Date of Burial, October 29th

{*Undertaker,* B. Haile.

Place of Business, 411 Light St.

E. D. W. Janney. M. D.
Medical Attendant.

Address Patapsco & Bolton st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mount

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, four *Years,* two *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 131 N. Schroeder st.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Oct 29 1878

Undertaker, Mathias Carlough

Place of Business, 230 Mulberry st

L. W. Thomson M. D.
Medical Attendant.

Address 187 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28358

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10 m. 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Johnston

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 75 *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, House Keeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 65 y

Place of Death, {Give street and number} 26 Aisquith St

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31 1878

Wm Riley M. D.
Medical Attendant.

Undertaker, J. H. Weaver

Place of Business, 22 Fayette St *Address,* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Decker

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Stove Finisher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty three yrs.

Place of Death, { Give street and number } 325 E. Lombard St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) & Laryngitis,

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct 30th 78

G. G. Luck M. D.
Medical Attendant.

Undertaker, Mc. Franck

Place of Business, Canton Ave. *Address,* Balt. & Bank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie A Gates

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widdower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number} No 5 Norris Ct

Cause of Death, First, (Primary,) diphtheria

Second, (Immediate,) ____

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Hanover Street | Symmes Co | J. S. Hill M. D.

Date of Burial, Oct 29th 1878 | Medical Attendant.

Undertaker, D. McLeod & Son

Place of Business, 92 W. Baltimore | *Address,* 432 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Harriet Pierce

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie M. B. Templeman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 208 N Eutaw St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 208 N Eutaw St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 30th 1878

J. T. Knight M. D.
Medical Attendant.

Undertaker, Wm. O. Weaver

Place of Business, No 202 N Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Nine *Years,* — *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5-8 Perry St.

Cause of Death, First (Primary,) Brights

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30. 1878

Undertaker, John C Jacobs

Place of Business, No 68 Park Av

D E Lancey H Barclay M. D.

Medical Attendant.

for Homeopathic Dept

Address 25 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie McShane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor East & Front-

Cause of Death, {First (Primary,) Scarlet Fever 9 days
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30 th

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, H. C. Widefield *Address* 413 North Calvert

Place of Business, 70 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Helen M

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 5 months Days.

Color, Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harford Ave

Cause of Death, First (Primary,) Disease Brain

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem

Date of Burial, Oct 30 1878

O S Mahon M. D.
Medical Attendant.

Undertaker, Henry Slack

Place of Business, 1219 Eutaw Ave

Address No 138 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abner Ingalls

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 201 Lee St —

Cause of Death, {First (Primary,) Tubes Mesenterica

Second (Immediate,) —

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, 31st of Octr 78

Edwd F. Mechlin M.D.
Medical Attendant.

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29, 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Virginia Swigart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years* 6 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, At home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in the City

Duration of Residence in the City of Baltimore, born in the City

Place of Death, {Give street and number.} 203 Sarato[illegible]

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 1. 1878

Undertaker, Wm Wegner

Place of Business, 202 N Eutaw St Address 180 Pratt St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Kitto

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 58. *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md 15 Yrs.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 576 Hanover

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) .....

Duration of last Sickness, 9 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Oct 31 st 1878

Undertaker, J. B. Cook

Place of Business, No 707 West Baltimore Street

J. G. Linthicum M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Kutschenreiter

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* Ten *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 29 S. Wolfe St.

Cause of Death, {First (Primary.) Uremia / Second (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Alphonsus Cemetery

Date of Burial, 30th Oct

Undertaker, Ambrose Kreckler

Place of Business, 244 E Lombard

Albert B. Lyman M. D.
Medical Attendant.

Address 375 E. Baltimore St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

28369

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Grove

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 119 Gough Street

Cause of Death, First, (Primary,) Concussion of the Brain

Second, (Immediate,) Meningitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Oct. 31, 1898

Undertaker, M. McDaigon

Place of Business, 74 S. Broadway

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28370

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1878

Date of Death, October 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Calosirt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* 1 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dodd City Texas

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 734 N Broadway

Cause of Death, First, (Primary.) Insufficiency Mitral Valve

Second, (Immediate.) Metastasis

Duration of last Sickness, Indefinite Period

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 30, 1878

Undertaker, M. A. Barger

Place of Business, 74 S. Broadway

R. W. Silver M. D.
Medical Attendant.

Address, 734 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis L. Le Brun

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Worked at Coal all Works - Canton

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 170 Elliott St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Convulsions - Caused by Cold & Exposure

Duration of last Sickness, Died with 18 hours of the time taken

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Nov. 1st 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Prudence S Hayward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, Abnt 40 yrs

Place of Death, {Give street and number.} 109 Park Avenue

Cause of Death, First (Primary,) Disease of Liver

Second (Immediate,) Hemorrhage

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount City.

Date of Burial, 31 st October

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Reggie Bucker M. D.
Medical Attendant.

Address 135 E Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Simon

~~*Son, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 0 *Years,* 5 *Months,* *Days*

Color, wht

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 100 Richmond st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalam

Date of Burial, Oct 31 78

Undertaker, Wm Eden

Place of Business, 101 Gough st

G Lane Tanyhill M.D.

Medical Attendant.

Address, 129 N Bridle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Hammerman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Four Years.

Place of Death, {Give street and number.} 92. ct. Paul ct

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, W. H. Cemetery *M. D.*

Date of Burial, Oct 31. 78 Medical Attendant.

Undertaker, Wm Edlow *Address* 132 N. Paul st

Place of Business, 101 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Goodwin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Has had none for 10 years

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Forty Five years

Place of Death, {Give street and number.} Rear of No 114 ~~S Monument St~~ Aisquith St

Cause of Death, First (Primary,) ~~Age~~ Old age

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 30 1878

Undertaker, James P Byrne

Place of Business, No 63 ½ Front St

J. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Payne Harris

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Thirty five *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Foreman Plasterers Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire life

Place of Death, { Give street and number } No 3 East St Near Pine

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) " "

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Dale

Date of Burial, Oct 30 1878

Whitfield Prince M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 73 Jefferson *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Gorsuch

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper of her own house

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland born

Duration of Residence in the City of Baltimore, about 45 Years

Place of Death, {Give street and number.} 133 Asquith

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,)

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 30th 1878

Undertaker, Shed & Tocker

Place of Business, 13 Jefferson

Geo H Wayne M.D.
Medical Attendant.

Address, 18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th October 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine Louise Schaer.

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 2 *Months,* ..... *Days.*

Color, white. *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} No 153 Broadway St.

Cause of Death, First (Primary,) Dentitio difficilis.

Second (Immediate,) Spasms.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery. Robert Luther, M. D.

Medical Attendant.

Date of Burial, Oct. 31st.

Undertaker, Fred Goede.

Address 42 N. Broadway.

Place of Business, 29 S. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28379

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fuller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, About 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 404 N. Eden St.

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate,)

Duration of last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 31st 1878

D. C. Ireland, *M. D.*
Medical Attendant.

Undertaker, Wm. H. Kyckman

Place of Business, & 34 N. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ana Lizzy Agramer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 Carollton Avenue.

Cause of Death, First (Primary,) Dibtheria.

Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Dr. M. Zeh

Place of Burial, Baltimore Ct

Date of Burial, November 1st 1878

J. Band M. D. 179

M. D.

Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 306 W Centre St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Lowenthal

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 33. 11 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prussia

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 522 Balt. St. (West)

Cause of Death, First (Primary,) Pneumonia V.

Second (Immediate,) Bronchitis capill.

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 1st Nober 78

Undertaker, S Herzog

Place of Business, 96 S Eden

Louis Chs Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

Date of Death, October 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Jandorf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Mule *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 261 W. Lombard St

Cause of Death, First (Primary,) .....
Second (Immediate,) Diarrhoea

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Oheb Shalam *Edward R. Ward* M. D.
Medical Attendant.

Date of Burial, Oct 31 1878

Undertaker, [redacted] Law *Address* 242 W. Lombard St.

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis Fibbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 N High st

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 31st 1878

S. F. Coyner M. D.
Medical Attendant.

{*Undertaker,* James P. Byrne
Place of Business, No 63 N Front st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 : 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon B. Graham

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 16 *Days.*

Color, Col'd.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 S. Central Ave.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Enteritis 4 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Carroll cemetry

Date of Burial, oct 30

Undertaker, Samuel W. Chash

Place of Business, S. Howard st 198

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret C. Price

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 30 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 333 Eastern Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Bath cemetery

Date of Burial, Nov 3rd 1878

G. G. Luck M. D.
Medical Attendant.

Undertaker, Murphy & Co

Place of Business, 65 S Broadway

Address, Bal. & Wash. RR

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DUFFY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28386.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 10 Weeks ~~Days.~~

Color, Blc

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bald

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Mrs Ally

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 30th 78

Undertaker, J Davis

Place of Business, 103 Lee st

Aug. W. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabell Schuce

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* ——— *Days.*

Color, Dark *Sex,* Female

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 611 S Fayette St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 31st 1878

Undertaker, John L Mackie

Place of Business, Park & Fayette Sts. *Address* 186 W Fayette

W. R. Crane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Leary

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* ____ *Months,* ____ *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bar-tender

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 196 Preston St.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, None yrs.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem'ty

Date of Burial, Nov 1st 1878

Wm J. Lockwood M. D.
Medical Attendant.

Undertaker, John Meacher

Place of Business, Park & Fayette sts *Address,* Balto. Gen'l Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...er this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday October 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Dennis

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 58 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hartford Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 44 Mc & Eldery

Cause of Death, First (Primary,) Remitant Fever

Second (Immediate,) Congestion of lungs and Hart

Duration of Last Sickness, Two Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 31st 1878

Undertaker, Thos. J. Locke

Place of Business, 73 Jefferson St

J. Richards M.D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31 " 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brooks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 Barkards alley

Cause of Death {First, (Primary.)} Cold

{Second, (Immediate,)} Bronchitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Oct 31 " 1878

Undertaker, F. Kerchner

Place of Business, 50 Conville *Address,* Comm of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

[OVER.]

...e Special Attention of Ph... ...ns Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa a Dubling

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 320 East Aven.

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,) ~~Two years~~

Duration of last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem[illegible]

Date of Burial, November 1

Thomas B Hunter M. D.
Medical Attendant.

Undertaker, Wendelin Dipple

Place of Business, Broadway 151 *Address,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

Date of Death, October 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ryan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, _____ *Years,* Thirteen *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Poor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 217 Bethel St.

Cause of Death, First, (Primary,) _____

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Oct. 31

Undertaker, W. Diffal

Place of Business, S. Bond st. 151

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 2 *Months,* — *Days.*

Color, — Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co Md 8 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 124 W. Conway

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 1. 1878

{*Undertaker,* S. W. Chase *Address* 18 S. Eutaw

Place of Business, Howard st

D. Wm. Walls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hagen Kendale

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Eight *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ——— ———

Place of Death, {Give street and number.} 230 E Lombard St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 31. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

F. E. Foote M. D.
Medical Attendant.

Address 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annis Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 95. *Years,* ~ *Months,* ~ *Days.*

Color, Col'd

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 411 Dugandy Ally

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Paralysis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Oct 31st 1878

Undertaker, S H Chase

Place of Business, 16 & 18 S Howard St

Geo. H. Bond M. D.
Medical Attendant.

Address, 164 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan D. Fiske

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single,~~ Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lazanovia N. Y.

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, { Give street and number } 370 E. Baltimore St.

Cause of Death, { First, (Primary.) { Second, (Immediate.) } Carcinoma.

Duration of last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, New York City

Date of Burial, Nov. 2. 1878

Undertaker, H. A. Dreyer

Place of Business, 74 S. Broadway

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

Date of Death, October 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Not Known~~ 41 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} 66 Harlem Avenue

Cause of Death, First (Primary,) Uremia (supposed)

Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo 31st 1878

Undertaker, Wm. N. Lunze

Place of Business, No 60 Stockton Aly. *Address* 366 West. Avenue

A. J. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Miskell

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 32 Addison al.

Cause of Death { First, (Primary,) Diptheria. / Second, (Immediate,) ~~Retropn~~.

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 31 1878

Undertaker, James O Byrne

Place of Business, No 68 N Front St *Address,* 137 N Eutaw St

Edward P McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore Oct 29th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Spence

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 13 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number} Spain Burden ave near Eutaw

Cause of Death, First, (Primary.) Epilepsy, (accidentally,

Second, (Immediate,) Drowned

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 1 1878

Undertaker, H Hebron

Place of Business, 11 Edmondson

H. [illegible] M. D.

Medical Assistant.

Address, Warren & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Cohen

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 52 *Years,* 8 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 468 West Baltimore St

Cause of Death, {First (Primary,) Cancer of Stomach. / Second (Immediate,) " "}

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Old Scholom Cemetery

Date of Burial, Nov 1

Undertaker, F B Cook, *Address,* 82 E Chas St

Place of Business, 707 West Baltimore St

A. C. Fox M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

Date of Death, Oct 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah S Harvey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Co. Penna

Duration of Residence in the City of Baltimore, 13

Place of Death, {Give street and number} 23 Greene St

Cause of Death, First, (Primary.) Chronic Hepatitis

Second, (Immediate,)

Duration of last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 1. 1878

Undertaker, C H Blizzard

Place of Business, 201 Pier

J J Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eve Franklin.-

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} St. Vincents Hospital, Bolto.

Cause of Death, First (Primary,) Fibro Cystic Tumor of Uterus.

Second (Immediate.) General Shock after its Removal

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Nov 1st 78

Albert D. Smith, M. D.
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah A. Gatchell,

Sex, ~~Male or~~ *Female,* { Cross out the words not required in this line. }

Age, 84 *Years,* *Months,* *Days*

Color, White -

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Virginia,

Duration of Residence in the City of Baltimore, 31 years -

Place of Death, { Give street and number. } 7 E. Lexington St

Cause of Death, { First (Primary,) Heart disease -

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 2d 1878

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St

J M Hoch M.D.
Medical Attendant.

Address, 35 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

Date of Death, October 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Walters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 14 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 4 Gilbert Street Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Gilbert Street

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1st 1878

Undertaker, Wm N Dunger

Place of Business, No 10 Stockton Alley *Address* 9 Edmondson Ave

H L Price *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cash

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 54 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 20 E. Eutaw St

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 1st 1878

_____ *M. D.*
Medical Attendant.

Undertaker, H. H. Gilmore

Place of Business, 241 Eastern Ave *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28406

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct-31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. and Emily F. O'Hara,

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} both females. (Parents)

Age, Premature ~~Years,~~ birth at about Six months ~~Days.~~ each

Color, White *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 84 Pine St.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 84 Pine St.

Cause of Death, First (Primary,) Premature Birth,

Second (Immediate,) Premature Birth.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Custom Parks

Date of Burial, Nov 1 1878

Undertaker, Mathew Cadogan

Place of Business, 230 Mulberry St

W. P. Morgan, *M. D.*
Medical Attendant.

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. & Emily F. O'Hara (Twins) (Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* half *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 84 Pine St

Cause of Death First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 1st 1878

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, M. Codogan

Place of Business, 230 Mulberry St *Address,* Comm'r of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Holzle

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 185 Orleans St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Malignant Disease of the Heart

Duration of last Sickness, Born Sick

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 2nd 1878

Undertaker, J. Swann.

Place of Business, 54 N. Broadway

J. D. Griffin M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard C. Harding

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Six *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co. Va

Duration of Residence in the City of Baltimore. Eleven days

Place of Death, {Give street and number.} 171 West Lombard Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Diphtheria

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, Northumberland Co Va

Date of Burial, Nov 2nd 1878

G. K. Riley *M. D.*
Medical Attendant.

Undertaker, John H. Wear

Place of Business, 22 W. Fayette *Address* Cor Hanover & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial 1226.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28410 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo. 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Turner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 9 *Years,* 0 *Months,* *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} # 25 Mc- Sundy's Alley.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Anæmia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial November 2 78

Undertaker, Hercules Rogers

Place of Business, 96 Conway St

David Strate M. D.

Medical Attendant.

Address Maternite Hospital 168 N. Loudon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Boston (Mother

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3. Vincent Alley

Cause of Death {First, (Primary,) Exposure — Cold —
Second, (Immediate,) Malnutrition — Inanition

Duration of last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov 1st 1878

Undertaker, H. H. Duncan

Place of Business, East St

James F. Hunt M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. H. Coulter Surgeon

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Morrow

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gorranstown

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 72 Patterson Avenue

Cause of Death First, (Primary,) said to be a sewer colic

Second, (Immediate,) but in absence of a Physicians testimony I should suppose it to be Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Nov 1 1878

Geo. Ogle Coroner, M. D.
Medical Attendant.

Undertaker, Jno. Smith

Place of Business, 422 Fremont *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 28413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Jackson

Sex, Male or Female, { cross out the word not required in this line. } "

Age, Thirty *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lowel semetry

Date of Burial, Nov 2.

Undertaker, Theodor J Locke

Place of Business, 56. Jefferson St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allan Granger Hunter

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widower~~

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chesterfield Co, Virginia

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give street and number} 73 Battery Avenue

Cause of Death, First, (Primary.) Collyquative Diarhoea

Second, (Immediate.) Tuberculosis

Duration of last Sickness, 16 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, Nov 3 78

Undertaker, Hamilton Davis

Place of Business, ———

L. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 28415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31: '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brand

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. St Mary's Asylum, Central Ave,

Cause of Death First, (Primary.) Chronic Diarrhoea,

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's, Cemetery

Date of Burial, Nov. 2. 1878

Undertaker, Henry Heath

Place of Business, 34 N Central Ave

John F. Monmonier M. D.
Medical Attendant.

Address, S. E. Cor. Aliceanna & Rend n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Nov. 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander, William Buchanan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* — 2 — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 Hillen st

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 2 Nov 4 Oclock

{*Undertaker,* George C Rodenmayer *Address*
Place of Business, 38 Exeter Street

S. F. Coyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara R. Mazuir

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 43 S. Lombard St.

Cause of Death {First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, ~~Jas P. Byrne~~ Balto Cemetery

Date of Burial, ~~6 3 A. Front St~~ Nov 2/78

B. W. Mansfield M. D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, 63 N Front St

Address, 1170 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Mellen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* One. *Months,* Twenty one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 96 S. Appleton Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 96 S. Appleton Street

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Marasmus

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Nov. 2d 1878

Chas. H. Nest M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 59 Druid Hill Ave *Address,* 306 W. Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Friar

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 65 yrs.

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number} 146 Mulliken St

Cause of Death {First, (Primary,) old age

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 3 1878

Undertaker, Jas P. Byrnes

Place of Business, Front St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. H. Coulter

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 1, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anne Steward Norris

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 53 *Years,* 3 *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 196 Baltic St

Cause of Death, First (Primary,) Organic dis of heart with

Second (Immediate,) dropsy &c. Seen Martin

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 3rd Nov. 1878

Richd. McSherry M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st. *Address* 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

Permit No. 28424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie T F Dowd

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 17 *Years,* 1 *Months,* 4 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 72 Dowbury alley

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Consumption

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 2nd 1878

Undertaker, J. B Cook

Place of Business, Bald St

M. C. Keyser M.D.

Medical Attendant.

Address, 1 W Mer Fayette Pathamfe

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Davis

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Sixty nine *Years,* *Months,* *Days*

Color, Mulatto

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Sixty nine years

Place of Death, {Give street and number.} 57 Elbow Lane

Cause of Death, First (Primary.) Epithl Cancer of arm & axilla

Second (Immediate.) Asthenia

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

Van F. Garrett M.D.

Medical Attendant.

Address, 158. S. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Soile

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 248 Cross St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Nov 2 1878

Undertaker, Hercules Bois

Place of Business, Conway St

J. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

Date of Death, Nov 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas P Ball

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 155 N Carrollton Ave

Cause of Death {First, (Primary,) accidental Gun shot wound, Second, (Immediate,) internal Hemorrhage

Duration of last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 2nd 1878 Geo C Ogle coroner M. D.

Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 5[illegible] Liberty *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella of John Scott

Sex, Male or ~~Female~~, {cross out the word not required in this line.} (Parents)

Age, ~~ Years, ~~ Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 298 Hamburg St

Cause of Death First, (Primary.)

Second, (Immediate.) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Nov 2 "1878

James A Steuart M. D.

Undertaker, F. A. Kerchner

Place of Business, Conv'll'n Av *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam'd by B. Riggs Insp'r

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Clara~~ Lillie May McIntire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Locust Point Balt Co

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 38. Hull St. Locust Point

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) do

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cem.

Date of Burial, Nov. 2. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E. H. Janney M. D.
Medical Attendant.

Address Patapsco & Boston Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Novbr 1st 1878 2 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Davis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 Years, ~ Months, ~ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bilto Cty

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 298 E. Lombard Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Marasmus

Duration of last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 3rd 78

S. W. Sloan M. D.
Medical Attendant.

Undertaker, Matthias A. Daiger

Place of Business, 74 S Broadway

Residence, 20 Eagle Carlton Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Smith

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, C

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number. } 157 Green Mount Avenue

Cause of Death, { First (Primary,) Cancer of Stomach
Second (Immediate,) 2 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bona Brea Cemetery

Date of Burial, Nov 1878

Geo. B. Reynolds M. D.
Medical Attendant.

{ *Undertaker,* James P Byrne
{ *Place of Business,* No 63 N Front St *Address* 43 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Antoinette Hennard

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color,

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 62 Ramsay St

Cause of Death, {First (Primary,) Brights Kidney Disease

{Second (immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 3

A. M. Cotburn M. D.
Medical Attendant.

{*Undertaker,* J B Coth

{*Place of Business,* 707 W St Baltimore

Address 369 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Money

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co. Md

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 379 W. Henry St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 3

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

J L McGuire M.D.

Medical Attendant.

Address, 17 Mathews St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Bastermann

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 5 *Years,* ~~*Months,*~~ *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria, Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 268 N. Exeter St.

Cause of Death, {First (Primary,) Cerebral Congestion,

Second (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebr Cem

Date of Burial, Nov 2 1878

Chas. A. Wise M. D.
Medical Attendant.

Undertaker, Emil Strauss

Place of Business, 268 Lexington

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Brooks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 27 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7c Grecian & Thrasher at rear Monument & Castle Sts

Cause of Death First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 2nd 1878

James A Steuart M. D.

Undertaker, Thos. I. Locke

Place of Business, Orleans St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1918.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Fleischer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* 1 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 556 N. Fremont.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 2d

Undertaker, McCarty Funeral

Place of Business, 252 Carlton Ave.

[illegible] M.D.

Medical Attendant.

Address, 166 N Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lee Allen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 112 N. Eden St.

Cause of Death First, (Primary,)

Second, (Immediate,) Dropsy

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 3d

J. J. Gaw, M. D.
Medical Attendant.

Undertaker, Geo. L. Saunders

Place of Business, 252 Canton Ave. *Address,* 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elihu Wade Wells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 2 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} # 250 Aisquith

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Joppa Harford County

Date of Burial, Nov 3d

J. E. Gorsuch M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Eyrar *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Lewis Washington

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Subsistence

Place of Death, { Give street and number } Nr 22, McClellan Street

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 3

Undertaker, Charles H White

Place of Business, 35 Granby

Wm L Carroll M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Sharpies

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Twenty Six (26) Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 63 Eastern Ave

Cause of Death, First (Primary,) ..

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Episcopal Church East Baltimore Cemetery

Date of Burial, 3th November 78

Undertaker, Philip P. Dill

Place of Business, 183 Columbia Av

Jno. A. Blake M. D.
Medical Attendant.

Address 110 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimor

Permit No. 28438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Coulter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number.} 118 Eutaw St

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 3d 1878

Undertaker, Armistys Sons

Place of Business, 263 Light St

H B Stolle M. D.
Medical Attendant.

Address 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28439 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Bollman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 10 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 159 N. Fremont St

Cause of Death, {First (Primary,) Valvular disease of heart w. H. Hypertrophy of left ventricle

Second (Immediate,) Asphyxia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 4th 1878

C. W. Cottman M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st Address 369 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clavell

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 13 *Years,* 11 *Months,* 28 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, News boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 160 East Pratt St.

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) Pulmonary congestion

Duration of last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist B.G.

Date of Burial, Nov. 3rd 1878

John S. Sykes M. D.
Medical Attendant.

Undertaker, Wm C. Waltemeyer

Place of Business, Bendnese Bank

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 284441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 8 1878

CERTIFICATE OF DEATH.

Date of Death, November 2? 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Hargrove

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 57 South St.

Cause of Death, First (Primary,)

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 4th Nov.

Undertaker, J. B. Packston

Place of Business, 17 Bath St.

A Reich M. D.

Medical Attendant.

Address 30 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28442 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 3 1878

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Steele

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 7 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 421 E Fayette St

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 4th 1878

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St

E P Irvin M.D.
Medical Attendant.

Address, 40 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28443

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 3 1878

CERTIFICATE OF DEATH.

Date of Death, November 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Rebecca Stepney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* —*Months,* —*Days.*

Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} Washington St. Court.

Cause of Death, First (Primary.) Congestion of Brain.

Second (Immediate,) Apnea.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Andrandal County

Date of Burial, Nov 3rd 1878

Undertaker, Wm N. Dwyer

Place of Business, No 10 Stockton Aly

E. E. Leonard M. D.
Medical Attendant.

Address 20 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No. 2548

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ringsaker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 98 Fort Ave

Cause of Death, First, (Primary,) Infantile convulsions

Second, (Immediate,) Mor. Windpipe and Lung Spasm

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Church Cem. Lutheran Cemetery

Date of Burial, Nov. 4th

Undertaker, B. Hale

Place of Business, 441 Light

DR. J. H. SMITH. NOV 3 1878 BALTIMORE, MD.

_____ *M. D.*
Medical Attendant.

Address, 708 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 3 1878

CERTIFICATE OF DEATH.

Date of Death, November 2d. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Donald

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Nine *Years,* twenty *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, About nine months

Place of Death, {Give street and number.} 139. N. Eutaw St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 3d 1878

Samuel A. Henry M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Address 198. Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Weaver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Undertaking Business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 22 West Fayette St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 6 1878

Undertaker, John F. Weaver

Place of Business, 22 W. Fayette St.

John Morris M. D.
Medical Attendant.

Address 10. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Oliver Fenhagen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 83 S Washington st

Cause of Death, First, (Primary.) 93 Marasmus

Second, (Immediate.)

Duration of last Sickness, Probably from birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 4th 1877

D W Cathell M. D.
Medical Attendant.

Undertaker, Wm Watchman

Place of Business, Bond St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 4 1878 BALTIMORE

Date of Death, Nov. 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hays

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 231 S. Eutaw

Cause of Death, {First (Primary,) Pleuro Pulmonale,

{Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 5th

Undertaker, Reuben Boss

Place of Business, 25 Druid St

H. W. Webster M.D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28449

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mary Groves

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 54 *Years,* 0 *Months,* 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailoress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Worcester Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 26 Lloyd st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About time for ill 10 or 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial,

Undertaker, Thos. Hughes.

Place of Business, ~~Exeter~~ Baltimore & Exeter st

J Ridgway Andre M.D.

Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28150

The Physician who attended any person in a last i[llness] ...ded or *out*, to the Undertaker or other person superintending the ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bondar

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Collector for Kelly, Pierpoint, Merchants

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} Lafayette station B & P Rail Road

Cause of Death {First, (Primary.) Cause of death unknown to the jury.

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem[etery]

Date of Burial, Nov [illegible] 1878

Geo C Gilchrist M. D.
Medical Attendant.

Undertaker, H. W. Jenkins

Place of Business, Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

Date of Death, Nov 2. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Corcoran

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 28 Dover St

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet James Cooley M. D.

Date of Burial, Nov 5th 1878 Medical Attendant.

Undertaker, I. B. Cook Address Cor Hollins & Mount

Place of Business, Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or singie) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Cline

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brick manufacturer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South

Duration of Residence in the City of Baltimore. X

Place of Death, {Give street and number.} 117 Fairmount Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetary

Date of Burial, Nov 5 1878

B. F. Lemmon M. D.
Medical Attendant.

Undertaker, W C Watchman

Place of Business, 1795 Bond St *Address* 26 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28453

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kline

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 47 Holland St

Cause of Death {First, (Primary,) Syphilis (hereditary)
Second, (Immediate,) Convulsions

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 4th 1878

Undertaker, H. Schultheis

Place of Business, 11 St 261

Edward J. Mitchell M. D.
Medical Attendant.

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1878 MORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Smith

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* 1 *Months,* 6 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 Eastern Avenue

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Asphyxia

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Novber 4th 1878

Undertaker, Peter Frey

Place of Business, 49 Eastern Av

Edwd M. Merkel M.D.

Medical Attendant.

Address, 62 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Reuter

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 21. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, 21 days.

Place of Death, {Give street and number.} No 100. N. Dallas. St

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Inanition

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, November 4, 1878

Undertaker, Henry Hooks

Place of Business, 369 N. Central Ave

N. J. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

Date of Death, Nov. 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Benno Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 2½ Months

Place of Death, {Give street and number.} 26 Poultney

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,) 3 months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 4th 1878

Undertaker, Armstrong & Berry

Place of Business, Light St

Address 318 John St.

Wm. P. Gills *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR
4
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Barton

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Nov 4th 1878

Undertaker, Jos F. Bayne

Place of Business, Liberty St

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

Date of Death, Nov. 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Wells

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Two *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 420 Mulberry St

Cause of Death, {First (Primary,) Premature birth — Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 4th 1878

Undertaker, J. Hammett

Place of Business, 311 Mulberry St.

Thomas Ellis M. D.
Medical Attendant.

Address, 1581 Lexington Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

Date of Death, Nov 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia, Crawford

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 57 N Paca St

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,) 2 Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Nov 5th 1878

Undertaker, Wm S Meacher

Place of Business, Park & Fayette Sts

M H Lemmon *M. D.*
Medical Attendant.

Address, 76 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28160 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar W. Roth

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 6 wks ~~Months~~ ~~Days.~~

Color, W. *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 34 Bank St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 5th 1878

Undertaker, M. Frank

Place of Business, Bank St *Address* Eastern Dispensary

A. H. Reinoehl M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

Date of Death, Oct 30 '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Carroll Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* [illegible] *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 20 Conway

Cause of Death, First (Primary,) Thrush

Second (Immediate,) 4 or 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 1st 1878

Undertaker, Jeremiah Ryan

Place of Business, ~~Holy Cross Cemetery~~ Eutaw

Address

S Shulton M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28162

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of lnw,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Broops

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Found dead Jefferson Court

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) & Exposure (Jury Verdict)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 4th 1 Oclock P

Undertaker, George C Rodemayer

Place of Business, 38 Eason Street

Edmund Walpe *M. D.*

~~Medical Attendant~~

Address Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28463,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 4
1878
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. James Gold

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 15 *Years,* ~~11~~ *Months,* ~~11~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Clayton Row Balto Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Clayton Row ~~Balto~~

Cause of Death, First, (Primary.) Prostration of Brain (acute)

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bears Hill Balto Co

Date of Burial, Nov 4 1878

C. H. Amos M. D.
Medical Attendant.

Undertaker, John G Jordon

Place of Business, 63 Park Ave

Address, Cor Pitt & Pine Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Francis 127

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank E Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *2 Months,* ____ *2 Days.*

Color, White *Sex,* ____

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 123 Eutaw st

Cause of Death, {First (Primary,) ~~Cholera~~ Meningitis (Cerebro)

{Second (Immediate,) ____

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery E Hall Rudolph M. D.

Medical Attendant.

Date of Burial, Nov 5th 1878

{*Undertaker,* Henry K. Mears *Address* 151 Augusta st

{*Place of Business,* 146 N Gay st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J Finland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty Eight *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 14 Canal Alley

Cause of Death, First (Primary,) Hypertrophy of heart & Diseased

Second (Immediate,) Convulsions

Duration of Last Sickness, Complaining 20 or 3 yrs, last illness 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Nov 4. 1878

Undertaker, S. W. Chase

Place of Business, 1230 Howard st

Edw. Price M. D.
Medical Attendant.

Address 262 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Nash

Sex, ~~*Male or Female,*~~ {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 18 mos.

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, Nov 4th 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Oscar J Costary M.D.
Medical Attendant.

Address, 188 E. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthew Clancy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 139 N. Front St.

Cause of Death { First, (Primary,) Catarrh
Second, (Immediate,) Pseudo membranous laryngitis
4 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 4th 1878

Undertaker, James P Byrne

Place of Business, No 63 N Smith St

Edward Randolph M. D.
Medical Attendant.

Address, 37 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ———

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } Found in Smith Elbow Pt.

Cause of Death, First, (Primary.) Unknown

Second, (Immediate,) Exposure

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, November 2

D. C. Leland *M. D.*
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, Cambridge *Address,* Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 of November Sunday

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizer Brunwell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, two *Years,* Six *Months,* twenty *Days.*

Color, Poland *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 115 N Spring st Baltimore

Duration of Residence in the City of Baltimore, 2 years six months today

Place of Death, {Give street and number.} No 98 N Spring st Baltimore

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Tabes Mesenterica

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 4

Undertaker, Charles A White

Place of Business, 36 Grundy st

L J Chabot M. D.
Medical Attendant.

Address 712 Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Harum

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 1/2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 3 Hopkins St

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,) ——

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 5th 1878

Undertaker, S. W. Chase

Place of Business, [redacted]

J W Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaretha Kayser

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 79 Cambridge St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) " " old age

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Trinity Burial Ground

Date of Burial, Nov 5 1878

Undertaker, Henry Bein

Place of Business, 252 William St

M D Dobbins M. D.
Medical Attendant.

Address, 82 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Landis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 22 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 12 Mc Henry

Cause of Death, First (Primary,) Gastric Irritation

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 5th 1878

Undertaker, J. R. Cook

Place of Business, No 704 W. Baltimore Street

D. P. Hoffman M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Harry Willis~~ Edmund Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 171 Ausquith St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 4th 1878

Undertaker, W. A. Tetterton

Place of Business,

J. T. Gaff M. D.
Medical Attendant.

Address, 187 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28474

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th Nov 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alex Hunter Clendenin

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 2 yr *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 41 Mt Vernon Place

Cause of Death, First, (Primary,) Diphtheritic croup

Second, (Immediate,) membranous croup

Duration of last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 5th Nov 1878

F. Donaldson M. D.
Medical Attendant.

Undertaker, W. T. Purnell & Co

Place of Business, Office

Address, 108 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28475

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

Date of Death, Nov 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Davey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} / Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number} 196 Harford Ave

Cause of Death, First, (Primary.) Dysentery &c.

Second, (Immediate,)

Duration of last Sickness, Probably from birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 6 Nov 1/2 3 Oclock

Undertaker, George C Rockenmeyer

Place of Business, 38 Town St

D M Cathell M. D.
Medical Attendant.

Address, 9 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jantz

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No. 322. Canton Ave

Cause of Death, {First (Primary,) Phthisis pulmonalis

Second (Immediate,) Marasmus

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, Nov. 6th

Undertaker, L. Ritz

Place of Business, Nos. 129½ S. Broadway.

J. Ashby M.D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28477

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5-th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah G Bean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} Corner Reed & Charles

Cause of Death, First (Primary,) Typhoid fever & Chronic

Second (Immediate,) Cystitis

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery Garrison Forest

Date of Burial, Nov 6 – 1878

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St.

C B Gamble M. D.
Medical Attendant.

Address 108 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Daly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} 16 Vincent- near McHenry

Cause of Death { First, (Primary,) Softening of the Brain
Second, (Immediate,)

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 6

John Neff M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 west Baltimore *Address,* 558 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the reverse side, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W. Fairman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 612 W. Pratt St.

Cause of Death First, (Primary,) Premature Birth "6 Mos."

Second, (Immediate,) " " "

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Westend Cemetery

Date of Burial, Nov 5" 1878

Undertaker, Simon Fairman

Place of Business, 612 W. Pratt St

James A Steuart M. D.
~~Medical Attendant.~~
Physician

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

examined by E Weimpan
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 Iron Alley between Broadway & Bethel

Cause of Death First, (Primary,) Hernia Umbilicus

Second, (Immediate,) Congenital Malformation of Skull Treated by the Medical Board 4 days

All the above information should be furnished by the Physician.

Place of Burial, Dallis to Cem

Date of Burial, Nov 5th 1878

Undertaker, Jones

Place of Business, Dallis to

Jas A Steuart M. D.
Medical Attendant.

Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Inspected by Geo. E. Leuplon

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Saunders

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 68 *Years,* 7 *Months,* 4 *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 28 Mulberry St

Cause of Death, {First (Primary,) Paralysis {Second (Immediate,) or

Duration of Last Sickness, 3 days from last attack

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 6th 1878

J. H. Lacy Thomas M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Lawrence Bauersack

~~*Sex,* Male *or Female,*~~ { Cross out the word not required in this line. } Male

Age, 22 *Years,* 10 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bank Binder

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cuba

Duration of Residence in the City of Baltimore, 116 Pine St

Place of Death, { Give street and number. } Private Hospital ditto

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Nov 6th 1878

Undertaker, William H. Hoss

Place of Business, No 70 Park Ave *Address*

W. T. H. Cain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... NOV 5 ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eusebia Weyl

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 31 *Years,* 3 *Months,*

Color, White *Sex,* Female *Days.*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } N. E. Cor. Dolphin St & Myrtle Ave.

Cause of Death, { First (Primary,) Paralysis

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 6 1878

Undertaker, Wm. S Hughes

Place of Business, 1238 Madison Ave

A. F. Bell M. D.
Medical Attendant.

Address 306 Mrs. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Norman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* × *Months,* × *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 376 Eutaw Square

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,) Fatal Dyspepsia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 6th Nov. 1878

Undertaker, H.H. Jenkins Son

Place of Business, 16 Light St.

Ruppin Buckler M.D.

Medical Attendant.

Address 135 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28485 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 6 1878

Date of Death, Nov 5th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kaminski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 265 Alice Anna St

Cause of Death, {First (Primary,) diptheria / Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Al Johnsons [illegible]

Date of Burial, Nov the 6th 1878

John H. Rehberger M.D.
Medical Attendant.

Undertaker, John Brown

Place of Business, 21 S. Wolf St

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE MD

Permit No. 28486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Tilton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Life Years

Place of Death, {Give street and number} 108 Ramsay Street

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Inflamed Fever

Duration of last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Md & by boat to C & M Rr

Date of Burial, Nov 6th 1878

Jno R McGinnis M. D.
Medical Attendant.

Undertaker, E L Leach

Place of Business, 1202 W Baltimore Street

Address, 582 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 5
1878
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Morning Nov 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Steadman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} # 2 Hubbard's Alley

Cause of Death, First, (Primary,) "Cerebritis" following Apoplexy and

Second, (Immediate,) Accompanied by Paraplegia,

Duration of last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 6th

Undertaker, C A Widefeld

Place of Business, 91 Lexington St

Wm Bowles M. D.
Medical Attendant.

Address, 25 S Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Walker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coal Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} Smiths Dock

Cause of Death First, (Primary,) Epileptic Mania

Second, (Immediate,) Drowned Smiths Dock

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 6 th 1878

Undertaker, W. H. Dunger

Place of Business, Laurel

Edmund R Walker M. D.
Medical Attendant.

Address, Corner Md Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

This body was taken in charge by P. Mullin & E. Ford
and afterwards delivered to Relatives

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

Date of Death, November 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savanah Virginia

~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 Year ~~Years~~, 13 *Months,* ~~Sixteen~~ 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 180 Worth City always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 107 King St

Cause of Death First, (Primary,) Scorgh Fever

Second, (Immediate,) Same

Duration of last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7th 1878

E. A. Chancellor M. D.
Medical Attendant.

Undertaker, Lehn C. Clarke Baltimore

Place of Business, Park Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Jr

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne S. Specketer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 21 L. Lough St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 6th 1878

Undertaker, Peter Frey

Place of Business, 91 Eden St

Thos. Kelly *M. D.*
Medical Attendant.

Address 761 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth ... as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
6
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel McElroy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eighty *Years,* Six *Months,* Five *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Derry Ireland Sixty Years

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} No 110 Bolton St

Cause of Death {First, (Primary.) Dyspassa epilepsia - Prodrica
Second, (Immediate,) Fall and Concussion of Cerebellum

Duration of last Sickness, One and half Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 6-78

Undertaker, Blackistone & Son

Place of Business, 606 W. Balto

J. W. Mitchell M. D.
Medical Attendant.

Address, 37 Parkin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Cozine

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 89 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S.E. Cor. Hanover & Fayette Sts

Cause of Death, First (Primary,) Consumption of the Lungs.

Second (Immediate,) 3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 7/78

Undertaker. J. B. Rosenzweig

Place of Business, 1366 Fayette St

S. W. Houck, M.D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 6 1878 BALTIMORE

Date of Death, November 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Müller

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Vinegar Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Frankfort, Germany

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 253 N. Bond St.

Cause of Death, {First (Primary,) Pulmonary Hyperaemia
Second (Immediate,) Cardiac Dilatation

Duration of Last Sickness, About 2 months.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 7th 78

Undertaker, J. C. Prossing

Place of Business, 136 E. Fayette St.

Address 4 Cathedral St, Bond bet

J. W. Jungst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Maria Caldwell~~ Nov 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Caldwell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, c

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 340 Raborg St,

Cause of Death First, (Primary,) Burn - (Accidental)

Second, (Immediate,)

Duration of last Sickness, ten hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, November the 7th 1878

Undertaker, William A Duigee

Place of Business, 62 East Street

J. Neff, M. D.
Medical Attendant.

Address, 556 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Gronau

Sex, Male or Female, {Cross out the word not required in this line.} Fe.

Age, 48 *Years,* *Months,* *Days.*

Color, W. *Sex,* Fe.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washer-woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} # 1½ Eastick St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Schlagels Creek

Date of Burial, Nov 6th 1878

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, Conrad Gronau

Place of Business, *Address* Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 20474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Wegman

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, ____ *Years,* ____ 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 4 E. to Lee bet Calvert & St. Paul

Cause of Death, { First, (Primary.) Cholera Infantum / Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Alsbrooks Court

Date of Burial, September 8th 1878

G. G. Lusk M. D.
Medical Attendant.

Undertaker, Ambrose Koehler

Place of Business, 244 E. Lombard *Address,* Balt. & Frankford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 16 McElderry st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1878

E Hall Rutledge *M.D.*
Medical Attendant.

Undertaker, Thos J. Cooks

Place of Business, No 73 Jefferson St

Address, 157 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary McMenamin

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 67 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Butcher

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Saltzum Hanover Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number } 111 Perkins st

Cause of Death, { First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 6th 1878

Undertaker, J. B. Cook

Place of Business, 707 W. Balto st

Sml Endicott M. D.
Medical Attendant.

Address, 592 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* One *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Alley near Durham St.

Cause of Death, First (Primary,) Exposure,

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemy *D. C. Ireland,* M. D.

Date of Burial, Nov 6th 1878 Medical Attendant.

Undertaker, P. Mullin *Address* Broad & Dick

Place of Business, Cambridge S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Louise Hill

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 15 *Years,* — 8 *Months,* — 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 295 S Charles

Cause of Death, { First, (Primary,) Dilatation of the Heart with Hypertrophy / Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov

Theodore Cook M. D.
Medical Attendant.

Undertaker, Armstrong Bros

Place of Business, Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 28501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rollmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hagman R. Road

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} 260 Hamburg St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 7th 1878 Theodore Costa M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Crufs *Address,* 166 Huron St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

A. HOLLANT & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Bockelman

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, 54 *Years,* *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Street Paver

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give street and number. } Spring St 113 - (South)

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Nov 9th 1878

Undertaker, C Eckhardt

Place of Business, 269 Canton ave

John A Schuldt M. D.
Medical Attendant.

Address N E Cor Baughman & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28503,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Matthews

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 158 Castle St near McElderry

Cause of Death { First, (Primary,) Neglect
Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, Nov 6th 1878

Undertaker, ~~Geo H Dumpson~~ Joshua Mathews

~~*Place of Business,*~~ *Address,* A A Co (Relative)

W. W. White, M. D.
~~Medical Attendant.~~

E. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

Date of Death, November 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Short.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give street and number.} 291 Penna Avenue.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Twelve months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 7th Nov. 1878.

Undertaker, C & B Blizzard.

Place of Business, 201 Penna Avenue.

Addison C. Fox M.D.
Medical Attendant.

Address, 82 Nth Charles St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Mainii Dustin

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 21 *Years,* 10 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pittsburgh Pa

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 7 Summit St

Cause of Death { First, (Primary,) Diphtheria Croup
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 7-1878

Undertaker, W. J. Sidener

Place of Business, Fremont St

Wm. H. Dorsey M. D.
Medical Attendant.

Address, 114 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Croft

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Supposed to be about 67 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} ———

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna — Do not Know

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 105 Sarah Ann St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, Nov 7th 1878

J. G. Lantzinum M. D.
Medical Attendant.

Undertaker, Fred Kerchner

Place of Business, 782 W. Baltimore *Address,* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babette Bauer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number} 534 E. Fayette St.

Cause of Death First, (Primary,) Shine disease

Second, (Immediate,) Dropsy.

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Hebrew Cemetery

Date of Burial, Nov 8th 78

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Wm Eilen

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ices to the Numbers Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 28508.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 7 1878 BALTIMORE

Date of Death, November 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O. Vincent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bedford Co

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No Cathedral St

Cause of Death, {First (Primary,) Tubercular Cons

Second (Immediate,) —

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 7th 1878

Geo. Tull Peter M.D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address* 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reader

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 Years, ____ Months, ____ Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 405 Saratoga St

Cause of Death, First (Primary,) Child birth

Second (Immediate,) Peritonitis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Nov 7th 1878

Undertaker, F. A. Kerchner

Place of Business, Cor Eutaw & Lanvale

M K Warren M. D.
Medical Attendant.

Address Cor Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

Date of Death, Nov 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Bandle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Fifty one *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 43 Granby Ct

Cause of Death, {First (Primary,) ... Second (Immediate,)} Fracture of Base of Skull & Dislocation of neck

Duration of Last Sickness, Seven Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov. 7, 1878

E. P. Coale M. D.
Medical Attendant.

Undertaker, Wm. H. Stickman

Place of Business, 234 N. Gay St. *Address* 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Second Page.

Board of Health, City of Baltimore,

Permit No. 28371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Eliza Hinder

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 193 Canton Ave

Cause of Death, {First (Primary,) Heart disease

Second (Immediate,) " "

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov. 8, 1878

Undertaker, Wm. H. Hickman

Place of Business, 237 W Gay St.

E. P. Trust M.D.

Medical Attendant.

Address, 406 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

Date of Death, Nov 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fallie E. Russell

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } ~~X~~ 219 Aisquith St

Cause of Death, { First (Primary,) Pulmonary Tuberculous

Second (Immediate,) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 8th 1878

Geo Hopkins *M. D.*
Medical Attendant.

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 650 W Fayette St *Address* 1 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Nov. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kayser

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 0 *Years,* 7 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. X

Place of Death, {Give street and number.} 37 S. Regester st.

Cause of Death, First (Primary,) Acute Gastritis

Second (Immediate,) Passive Cerebral Congestion with Effusion.

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 9th

Undertaker, W. Tippel

Place of Business, S. Bond st. 151

B. F. Lennard, *M. D.*
Medical Attendant.

Address 26 S. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28374

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Hatton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Infant~~ 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Politician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 31 Heath

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Nov 8th 1878 Warden Lewis M. D.

Medical Attendant.

Undertaker, B. Hearle

Place of Business, Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Spec

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 7 1878 BALTIMORE

Date of Death, Nov - 6 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Hunbach

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 16 - *Days.*

Color, white -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, an about -

Place of Death, {Give street and number} 49 Parrish St -

Cause of Death First, (Primary,) General Tuberculosis (Lungs & Intestines -

Second, (Immediate,) anemia -

Duration of last Sickness, Since Birth more or less -

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 7th 1878

Undertaker, I G Cook

Place of Business, No 707 N Gilmor street

H. J. Grove - M. D.
Medical Attendant.

Address, W & N Corey Sts -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

Date of Death, November 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Tusch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bayenne (Germanie)

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor cor. John and Valley sts

Cause of Death, First (Primary,) .....

Second (Immediate,) paralysis

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov 7th 1878

Undertaker, Henry Koelle

Place of Business, 309 N. Central Av *Address* .....

Jno. Brooke Long M.D.
Medical Attendant
Nor. Ch. & Light Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura A Thurmer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elizabeth City N. C.

Duration of Residence in the City of Baltimore, About 3 months

Place of Death, {Give street and number} 33 Lexington Sh

Cause of Death { First, (Primary,) Bronchial Hemorrhage / Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Elizabeth N C

Date of Burial, November 10th

Undertaker, Thos S Hughes

Place of Business, 60 East Balto

J. T. Leary M. D.
Medical Attendant.

Address, 4 Cathedral Sh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit 1234

The Sp

Board of Health, City of Baltimore,

Permit No. 28578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Boling G Heath

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 59 *Years,* — *Months,* — *Days*

Color,

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} No 295 N Dallas st

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) a few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 8 1878

Undertaker, Thos Ward

Place of Business, Broadway

T. Ridgway Andrews M. D.
Medical Attendant.

Address. No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ November 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie L. & Albert E. McLane (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 194 Mulberry st.

Cause of Death, First (Primary,) Unknown

Second (Immediate,) "

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 8th 1878

Undertaker, H. W Foos

Place of Business, Park ave

Chas S Pennington M. D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Spec

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Trinkbeck

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 31 *Years,* 2 *Months,* 8 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoefitter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 146 E Fayette st

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 8 1878

Undertaker, J. D. Keating

Place of Business, 97 Orleans st

J Ridgway Abidon M.D.
Medical Attendant.

Address, 124 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th of November 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella West

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George's County

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 174 [illegible] Howard St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, over a Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1878

J Whitridge M. D.
Medical Attendant.

Undertaker, S W Chase

Place of Business, No 198 Howard St *Address* 92 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28522

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 7 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1878 — 5th Ann.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bruenling

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* 11 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Liver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number} 369 E Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, under my care 2 days

This name was given me by Louis Blondain — Drug Store — called when the case was

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 9th 78

A. Reg Sherfey M. D.
Medical Attendant.

Undertaker, W. Frazer

Place of Business, 280 Caroline Ave

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Spec...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Franklin Kierle.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 02 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore -

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 149 S Stricker St

Cause of Death, First (Primary,) Tuberculosis -

Second (Immediate,) Consumption.

Duration of Last Sickness, Five Months -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov. 8. 1878

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave

M. L. Keyser M.D.

Medical Attendant.

Address, 1 W. Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Mc Bracken

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number} No. 9 Cambridge St.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 9. 1878

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

E. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Sp...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1878 (Course)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Course

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, White-washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann's County Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 21 Jefferson St.

Cause of Death, First (Primary,)

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 years.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Nov 8th 1878

Undertaker, Shill & Bokes

Place of Business, 73 Jefferson

F. A. Sauer M. D.
Medical Attendant.

Address 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Moon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty Nine *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Six Months during Life

Place of Death, {Give street and number} 45 W Fulton st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Paralysis of the Brain

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 10 78

Undertaker, Hughes

Place of Business, —

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Specia

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Schirm

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, / *Years,* 2 ~~XX~~ *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9. Street st

Cause of Death, First (Primary,) Croup Membranous

Second (Immediate,) Asphixia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov. 10th 1878

Undertaker, Wm J. Tilkner

Place of Business, 65 S. Eutaw

C. L. Buddenhoff M.D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1878. 2. 15 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Müller

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 86 Harrison St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 9th 78

Undertaker, [illegible]

Place of Business, 136 E Fayette

A Vogt Thentzel M. D.
Medical Attendant.

Address, 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Spec...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Merklin

Sex, Male or Female, { Cross out the word not required in this line. } X

Age, 66 *Years,* *Months,* *Days.*

Color, *Sex,* Widow

Married, Single, Widow or Widower; { Cross out the words not required in this line. } Huckster

Occupation, Baltimore City

Birthplace, { State or country (and how long in the United States, if of foreign birth. } always

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Chronic Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov. 7th or 8th

Undertaker, F. A. Toll.

Place of Business, # 131 Hanover St. *Address*

Wm C. Knowles M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Specia

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml Edwin Kemp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 247 Hoffman St

Cause of Death, First (Primary,) ....

Second (Immediate,) Organic Heart disease

Duration of Last Sickness, 6 months,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 9th

Undertaker, C A Blizzard

Place of Business, Pennsylvania ave No 201

G Addams M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Weeks

Sex, Male or Female, { cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 3 or 4 yrs

Place of Death, { Give street and number } 23 Eutaw Pl Alley

Cause of Death { First, (Primary.) ; Second, (Immediate,) Disease of Heart,

Duration of last Sickness, Four hours, delicate health 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1878

Undertaker, John C Jones

Place of Business, No 62 Pond St

Geo Ogle Corner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Spec

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

Date of Death, Nov. 7- 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Moses Cole

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, colored *Sex,*

Married, ~~Single, Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation, Oysterman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City -

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 678 N. Fayette St.

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Nine months (Saw the patient but 3 times just before death -)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 9th 1878

E. J. Kay M. D.
Medical Attendant.

Undertaker, John Schaefer

Place of Business, Park & Fayette Sts Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No: 28533, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling House

Duration of Residence in the ~~City of Baltimore~~ 3 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 8 1878

Undertaker, Saml Brown

Place of Business, 156 Division St

Martin Brown M. D.
Medical Attendant.

Address, 58 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Spec...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Juliet H. Done

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* ——— *Months,* eight *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Summerset Co, Md

Duration of Residence in the City of Baltimore, about forty years.

Place of Death, {Give street and number.} 229 Madison Ave

Cause of Death, First (Primary,) Muco-Gastritis.

Second (Immediate,) Congestion of lungs from dropsy of heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Pauls Cem^y^ Alfred Hughes, M. D.

Date of Burial, Nov 9th 1878 Medical Attendant.

Undertaker, John Johnson

Place of Business, No 4 & 6 David Hill Address 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Douglas

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Buren St

Cause of Death First, (Primary,)

Second, (Immediate,) Premature Birth (7 mos

Duration of last Sickness, delicate from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 8th 1878

Undertaker, John C. Jordon

Place of Business, Park Ave

James A Steuart M. D.
Medical Examiner

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter [CYEP]

The Specia

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Tyler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 1 *Months,* 24 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 80 N. Carey St.

Cause of Death, First (Primary,) Enteritis.

Second (Immediate,) Acute Hydrocephalus.

Duration of Last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 10th 1878

Undertaker, Thos O Hughes

Place of Business, 60 E Balto

Jno F Powell, M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This. No.

Board of Health, City of Baltimore,

Permit No. 28537.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma B. Hopkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 54 Lee st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 9th 1878

Sheldon Cobb M. D.
Medical Attendant.

Undertaker, Wm P Hughes

Place of Business, 411 E Balto

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 28538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maggie Weiffort

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 201 Frederick ave

Cause of Death, First, (Primary,) Asthma + old age

Second, (Immediate,) [illegible]

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Lauder Park Cemetery

Date of Burial, Nov 10th

Undertaker, John P. Paulus.

Place of Business, 66 Frederick Ave

G. A. Dockman M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7- 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura V. Wilson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 79 N. Washington St.

Cause of Death { First, (Primary,) Diphtheria / Second, (Immediate,)

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 9th 1878

Undertaker, Hay & Bro.,

Place of Business, 534 N. Broadway

Wm H Clendinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Michel

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 73 *Years,* 4 *Months,* — *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~or *Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 10 N. Front St.

Cause of Death, {First (Primary,) Apoplexia cerebri

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 10.

Undertaker, John Heneay.

Place of Business, 386 Orleans St.

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace P Bliss

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Retired Army Officer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Hampshire

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 124 McCulloh St

Cause of Death {First, (Primary,) Fatty Degeneration of Kidney
Second, (Immediate,) Uremia

Duration of last Sickness, Has been in Balto under my Care 20 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard

Date of Burial, 10th Nov. 1878

C Winslow M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St. *Address,* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 28542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil*
ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
9
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 27 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 Years 2 Mo. 27 Days

Place of Death, {Give street and number} 28 N. Dallas St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 4½ Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Mem.

Date of Burial, Nov 9th 1878

Undertaker, Thos J. Hayes

Place of Business, 78 Jefferson *Address,* 139 Dallas St

L. F. Guy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the
nty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to
rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-
ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per
n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28573.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Hill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, (None)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 21 E Cit Hall Eastern Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Novm 11th 1878

Chas C. O'Donnell M. D.
Medical Attendant.

Undertaker, Heughes & Lee

Place of Business, 658 Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28574

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Dixon

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 70 ~~5~~ *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ———

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } Cor Madison ave & Townsend St

Cause of Death { First, (Primary,) Paralysis & old age / Second, (Immediate,) Sudden

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10 1878

Undertaker, W. M. Dungee

Place of Business, East St

James H Steuart M. D.

Physician Attending.

Address, Comm of Health H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Dr. Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 28545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, — November 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William P. Bias

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty four *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} — 67 Orchard St —

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Died Suddenly

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 9. 1878

Thomas Lapping M. D.
Medical Attendant.

Undertaker, Samuel W. Moore

Place of Business, 8 Hollowell St *Address* 70 Center St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28546 OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hoy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 21 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 Parrish st

Cause of Death, First (Primary,) Diphteritic Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery J. McE. Jordan M. D.

Medical Attendant.

Date of Burial, Nov 9

Undertaker, J B Cook

Place of Business, 707 N 2d st Baltimore Address 632 Lexington st

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 28547

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 9 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Travers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 143 N. Travilla St

Cause of Death, {First (Primary,) Disease of Heart

Second (Immediate.)

Duration of Last Sickness, About 5 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount Cem.~~

Date of Burial, Nov. 10, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Felix Gallus M.D.
Medical Attendant.

Address 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28548

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura*ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 9 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Mitchell

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 1 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 253 Guy St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 12th

Undertaker, Ulrich & Schmidt

Place of Business, 263 Eutaw St

H. T. Kemmler M.D.
Medical Attendant.

Address, 181 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 28579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

Date of Death, November 5th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Metcalf

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 245 Hollins Street

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 10th. 1878

Chas M Neff **M. D.** Medical Attendant.

Undertaker, Wm. B. Miller

Place of Business, No. 239 Hollins Street *Address,* 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28550 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Wolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* Three *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Baltimore & Frederick

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheritic Paralysis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Edmondson Cemetary

Date of Burial, November 10th 1878

Undertaker, H Goldsmith

Place of Business, 628 N High St

F. F. Miles M. D.
Medical Attendant.

Address 24 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Crunell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 [illegible] Baltimore City

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Pneumonia

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, Nov. 1st '78

Undertaker, M. France

Place of Business, Todd Cem Ave

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

Date of Death, Nov. 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. Haupt

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ~~one~~ one *Years,* seven — *Months,* fourteen — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 131 Belvidere

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters' Cem.

Date of Burial, Nov 11th 1878

Undertaker, M. Cadogan

Place of Business, Mulberry St

Thos. S. Latimer M.D.

Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia E. Jones

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 1 Bennys Court

Cause of Death { First, (Primary,) Scrofula,
Second, (Immediate,) Convulsions

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 10th 78

Undertaker, Theo J Locke

Place of Business, 73 Jefferson St

Jno. G. Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28554

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} August Boehme

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 126 E. Dallas St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 10th 1878

Undertaker, Henry Sumler

Place of Business, 252 Hunton Ave.

Aug. W. Dodge M. D.
Medical Attendant.

Address 207 Hanover St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28555 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Sonney

Sex, ~~Male or~~ Female, { Cross out the words not required in this line. }

Age, 55 6/12 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and number. } 183 Forest st

Cause of Death, { First (Primary,) Apoplexy / Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 11th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

C Hall Pullen M. D.
Medical Attendant.

Address, 151 East Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Welzel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* ——— *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Grocery business

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 69 East Aven.

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 11th

Undertaker, P. Frey

Place of Business, 91 Eastern Ave.

Chas B Hamden M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 28557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

Date of Death, November 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Finnegan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 98 Warner St

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 10 1878

Undertaker, Edward L. Kessler

Place of Business, 17 a Third Street

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97 4L]

Board of Health, City of Baltimore,

Permit No. 28558 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Blackstone

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, D

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 Hillen St

Cause of Death { First, (Primary,) Marasmus
, Second, (Immediate,)

Duration of last Sickness, All it Life

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, Nov 10th 1878

Undertaker, C A White

Place of Business, 55 Granby St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

examined by Joseph Vansant
Sanitary Inspector

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Clavell

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 160 E. Pratt St.

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate,) Gangrene of chest?

Duration of last Sickness, Fifty days.

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Nov 11 1878

John S. Lynch M. D.
Medical Attendant.

Undertaker, W C Watchman

Place of Business, 1795 Bond St *Address,* No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

Date of Death, November 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno Moore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* (4) Four *Days.*

Color, Black *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kentucky

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 170 Dover St

Cause of Death, { First (Primary,) — Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Scotts Presbyterian

Date of Burial, Nov 10th 1878

Undertaker, Adam Warfield

Place of Business, 153 Conway St

Jno D Blake M. D.
Medical Attendant.

Address 140 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 28861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

Date of Death, Nov 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wolf

~~Sex~~, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 34 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Acute Rheumatism
Second, (Immediate,) Cardiac Rheumatism

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11 1878

{ Undertaker, W C Watchman

{ Place of Business, 179 S Bond st

J. L. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Scott

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, c

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} East 73 (St)

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Nov 11th 1878

Undertaker, Wm N. Dunger

Place of Business, No 62 East St

E. C. Baldwin M.D.

Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this. No. 2

Board of Health, City of Baltimore,

Permit No. 28563

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 11
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howell S. Tomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 33 Years, 0 Months, 15 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} # 30 Risquith St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, 3 weeks. 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov. 12 1878

Undertaker, Thos S Hughes

Place of Business, 61 E Balto St

Geo. A. Nartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ward,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Three Years,

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Paralysis (Hemiplegia)
Second, (Immediate,) Asthenia
Two Months. "

Duration of last Sickness, [redacted]

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 11 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 28565 1/1 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore L Wharton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 16 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} East av

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Central ave above Chase

Cause of Death, {First (Primary,) Croup

Second (Immediate,) Apnoea

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 11 1878

Undertaker, Henry Hoeck

Place of Business, 219 N. Eutaw

F. A. Warner M. D.
Medical Attendant.

Address 256 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page

Board of Health, City of Baltimore,

Permit No. 28566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Langmen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 230 E. Eager St

Cause of Death, First, (Primary,) Phthisis Pulmonale's

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus

Date of Burial, Nov 13th 1878

Undertaker, Henr Koerth

Place of Business, Central Ave

James A Steuart M. D.

~~Medical Attendant.~~ Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Copy

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur F. Snowden

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 24 *Years,* 11 *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Columbus Ohio -

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 61 Frederick Ave

Cause of Death, First (Primary.) Pulmonary Tuberculosis

Second (Immediate.) Consumption of Lungs —

Duration of Last Sickness, Nine Months —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov 12th 1878

Undertaker, H W Jenkins Son

Place of Business, 16 Light St.

W. H. Register M. D.

Medical Attendant.

Address W Cor Fayette & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 Nov. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Scott

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 38 *Years,* 4 *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 63 Watson st.

Cause of Death, First (Primary.) Remittent Fever

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitary

Date of Burial, November 11. 1878

Undertaker, Charles A White

Place of Business, 35 Granby st

B F Lemmon *M. D.*
Medical Attendant.

Address 26 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28569 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, [redacted] Messenger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 West Falls av

Cause of Death, {First (Primary,) / Second (Immediate.)} Chronic alcoholism

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cey Geo B Reynolds M. D.

Date of Burial, Nov 12 1878 Medical Attendant.

Undertaker, J. F. Burns

Place of Business, Front St *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore Sunday Nov 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bouis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 298 Hanford Ave,

Cause of Death First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 12th 1878

Undertaker, Henry H. Mears

Place of Business, 46 N Gay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 20 ½ Gouvernor Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin John Dunn.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 193 N. Eutaw St

Cause of Death { First, (Primary,) Diphtheritic Croup.
Second, (Immediate,) 33 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, 12th Inst 2 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Bond St

Edward P McDevitt M. D.
Medical Attendant.

Address, 37 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Woolford

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 29 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 225 S. Howard St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Nov 12 "1878

James H Chew M. D.

~~Medical Attendant.~~

Undertaker, Sam'l W. Chase

Place of Business, S. Howard St

Address, Comm of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28573.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

Date of Death, Nov 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 30 or 40 years

Place of Death, {Give street and number} 21 Low St

Cause of Death First, (Primary,) Senile Catarrh &c

Second, (Immediate,)

Duration of last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Nov 12 1878

D W Cathell M. D.
Medical Attendant.

Undertaker, Joseph Anderson

Place of Business, 103 Hanover La *address,* 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 28574

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Erickson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 20 Elbow Lane

Cause of Death First, (Primary,) Softing of the Brain

Second, (Immediate,)

Duration of last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12, 78

Undertaker, S. W. Chase

Place of Business, 8 Howard St *Address,* 76 Place St

H H Cuney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 28575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Sutter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* . *Days.*

Color, Blk *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 61 Jenkins alley

Cause of Death, First (Primary,) Meningitis.

Second (Immediate,)

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary.

Date of Burial, Nov. 11. 1898

Undertaker, Wm Jas Gray. *Address* Lombard St

Place of Business, 66 Gunpowder st.

C. H. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No. 28576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Lutz

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 4 N. Madison Alley Church Court

Cause of Death, {First (Primary,) Second (Immediate,)} Croup 1 week

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 12

Undertaker, George Lamont

Place of Business, 389 W. Balto St.

E. P. Lord *M. D.*
Medical Attendant.

Address, 406 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimor...

Permit No. 28577

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet A. James -

Sex, Male or Female, { cross out the word not required in this line. } —

Age, 36 *Years,* 6 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Always -

Place of Death, { Give street and number } # 168 Spring St. W

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) " "

Duration of last Sickness, Unknown -

All the above information should be furnished by the Physician.

Place of Burial, New Evergreen

Date of Burial, Nov 12 1878

Undertaker, Charles A White

Place of Business, 35 Granby ext

L A Bell M. D.
Medical Attendant.

Address, 661 Lo. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 28578 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other per... before burial ... after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Letitia Smith

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* — *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 216 S. Charles St

Cause of Death {First, (Primary,) Dropsy
Second, (Immediate,) Acute Gastritis

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 12 1878

James A. Steuart M. D.
Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, N. Gay St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 28579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 17 North St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, [illegible] Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 12th 1878

Undertaker, Chas. D. Weaver

Place of Business, 22 N. Paca St

Theodore Cook, M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 28580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia G. Frech

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 E. Monument

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County Geo B Reynolds M. D.

Medical Attendant.

Date of Burial, Nov 12 1878

Undertaker, Geo Schilling *Address* 432 Eutaw

Place of Business, Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimor...

Permit No. 28581

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Henshon

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, ~~—~~ Wh—

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City—

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 338 S. Sharp St.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Croup. (Pseudo membranous)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 13th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Crofs

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 28582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M. Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1711 Block Hanover

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Spasms

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov. 13th

Undertaker, H. C. Froehlich

Place of Business, 246 Eastern Av

Medical Attendant. M. D.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Gibney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years ?

Place of Death, {Give street and number} 84 Richmond St

Cause of Death First, (Primary,) probably foul gases inhaled

Second, (Immediate,) Debility

Duration of last Sickness, 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial Nov 12th 1878

Undertaker, Joseph F Byrn

Place of Business, 59 S Liberty *Address,*

W. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lindenberger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9. Clarkson's alley

Cause of Death {First, (Primary,) Inanition

{Second, (Immediate,) all its Life delicate

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Cemetery

Date of Burial, Nov 12 1878

Undertaker, F. A. Kerchner

Place of Business, Carrollton Ave *address,* Comm of Health & Registrar

I. Ernst Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Tennant

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Nolte

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 44 Thames St.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 13 Nov 1878

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna *Address,* 117 S. Broadway

L. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Nov 11th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Litschke

~~Sex,~~ *Male or Female,* {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} Alice Ann nea Washington St

Cause of Death {First, (Primary,) Senile decay

{Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Novr 13 1878

H. Blume D. Smith M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 12 1878 BALTIMORE

Date of Death, November 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann R. Deroe

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Sixty three *Years,* two *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Forty Six Years

Place of Death, {Give street and number} S. E. Corner Balto & Carey Sts.

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 14

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address,* 584 W. Fayette St

J. G. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11 1878

NOV 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schemmel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Milkwoman

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number} 516 Eighth

Cause of Death, First, (Primary,) Prolonged Constipation

Second, (Immediate,) Enteritis

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, November 13th

Gordon Cook M. D.
Medical Attendant.

Undertaker, S. Harke

Place of Business, 411 Light St.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE NOV 12 1878

Date of Death, Nov 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose S. Williams

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 14 *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 122 Boyd

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 1

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Nov 12 1878

Undertaker, William Dunger

Place of Business, No 62 East Street

Thomas Opie M.D.
Medical Attendant.

Address, 581 Lexington Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Nov 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Irrundeen

Duration of Residence in the ~~City of Baltimore~~, Intentin 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, From admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 14 1878

Undertaker, Saml Bowser

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 12 1878

Date of Death, Nov Oct 10 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Theresa Dudenhefer

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 *Years,* 11 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lonaconing Allegheny Co Md.

Duration of Residence in the City of Baltimore, 4 months 1 week

Place of Death, {Give street and number} 559 E. Fayette St. N.W. Cor. East

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Pseudomembranous Croup.

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral

Date of Burial, Nov 12th 78

J. G. Dalsell M. D.
Medical Attendant.

Undertaker, No. Frazier

Place of Business, 240 Eastern Ave

Address, 1717 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 12 1878 BALTIMORE

Date of Death, Nov. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Susan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 285 E. Pratt St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) convulsions 3 days

Duration of last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 12th '78

Undertaker, H. Frances

Place of Business, 280 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 717 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Dedenthaler

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 4 *Years,* ____ *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lonaconing Allegheny Co. Md

Duration of Residence in the City of Baltimore, 4 months 1 week

Place of Death, {Give street and number} Pseudomembranous Croup 559 E. Fayette st. cor. First

Cause of Death, First, (Primary,) ____

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns R.C.

Date of Burial, Nov 12th 78

Undertaker, M Keane

Place of Business, 210 Canton Ave

L. G. Daush M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 12 1878

Permit No. 28594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE NOV 12 1878

Date of Death, Nov 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maranda Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 101 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ann St alley

Cause of Death, First (Primary,) old age

Second (Immediate,) apoplexy

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Nov 13th 1878

W. N. Hill M. D.
Medical Attendant.

Undertaker, Theodore J. Lewis

Place of Business, 56 Jefferson st *Address* 514 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. K. Merritt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* 1 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eager St.

Cause of Death, First (Primary,) Hepatic Calculus, with rupture of gall bladder possibly

Second (Immediate,) Asthenia and Syncope

Duration of Last Sickness, Had had several attacks in the last months, and had been subject to attacks for several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov. 14, 1878

S. C. Chew M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Wiegand

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 57 *Years,* 4 *Months,* 10 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 88 Russel Street

Cause of Death, First (Primary,) Carcinoma uteri.

Second (Immediate,) Cachexia one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 14th

Undertaker, Henry Brill

Place of Business, Harriet St 81

Mary Salzer M.D.
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thresa Pidge

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 66 President St

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 66 President St

Cause of Death, { First (Primary,) Exanition

Second (Immediate.)

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem.

Date of Burial, Nov. 13

Undertaker, Wendelin Diffel

Place of Business, S. Bond st 151

Geo S Kemmon M. D.
Medical Attendant.

Address 126 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov^r 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kufer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty One *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City,

Duration of Residence in the City of Baltimore, 31 Yrs,

Place of Death, {Give street and number} 171 South Bowly St.

Cause of Death, First, (Primary.) Heart disease.

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtry

Date of Burial, Nov. 14. 1878

D C Dulaney M. D.
Medical Attendant.

Undertaker, H. Hafmann

Place of Business, 63 N. Eden St. *Address,* Coroner C. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Blum

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Nr 14 & Bethel St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 14th

Undertaker, Wm Pruitt

Place of Business, 203 East Eager St

W. L. Kunkle *M. D.*
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Henry Newman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 10 Waters Court

Cause of Death, First (Primary,) Unable to say as seen only a short time before death, but

Second (Immediate,) is known due to natural causes.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 13th 1878

Undertaker, Henry F. Bishop Jr.

Place of Business, 97 Druid Hill Ave. *Address* Franklin & Pine

Smith Anderson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28601.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank H Boyce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 176 Lafayette Square

Cause of Death, First (Primary,) Inflamation of the Brain (Acute)

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, November 14th 1878.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St

Address 125 Carrollton Ave

A. J. A. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Kroger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 3 *Days.*

~~Color,~~ *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 72 Frederick Ave

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia (gradual)

Duration of Last Sickness, 3½ Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, November 15 1878

C. C. McDowell M. D.
Medical Attendant.

Undertaker, John F. Payne

Place of Business, 60 Frederick Ave

Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Katie Laidler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} In Religion Sister Mary Clinton

Age, 29 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} N G

Occupation, Religious

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, nearly all her life.

Place of Death, {Give street and number.} Sisters of Mercy Asylum

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Chm.

Date of Burial, Nov. 14th 1878

Undertaker, Adam Fink

Place of Business, 461 North Gay

W. C. Van Bibber M. D.
Dec 9. 78.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Williams

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 8 Rose St

Cause of Death, First (Primary,) Spinal Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 13 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

H H Hutchins *M. D.*
Medical Attendant.

Address, 192 Lee st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 th of November 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Georg M. Steinert

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 8 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Montgomery Street 189

Cause of Death, First (Primary.) Diphtheria & Croup.

Second (Immediate.) Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14th November

Undertaker, Wm Gerry & Son

Place of Business, No 232 W Fayette

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20606

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 Nov, 10 A, 10 1° Nov, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Cunningham

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 54 *Years,* 9 *Months,* ..... *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 84 Gough St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Nov 13 1878

A Augustus Shertzer M. D.
Medical Attendant.

Undertaker, Thos E Fuchs

Place of Business, 40 E. Baltimore St *Address,* 11 S. High St
1238 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1878 BALTIMORE

Date of Death, 12 November 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Albert Taylor.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 313 Pennsylvania Avenue

Cause of Death { First, (Primary,) Coryza

Second, (Immediate,) Collapse of lung

Duration of last Sickness, From Birth a week as I am told

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 13

Undertaker, Ellis Hayward

Place of Business, 201 Balt St

Martin Brown M. D.
Medical Attendant.

Address, 28 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 13 1878 BALTIMORE

Date of Death, November 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Lindemann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, about 61 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 33 years

Place of Death, {Give street and number} 136 Park Street

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Cerebral Softening

Duration of last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 14th 1878

Undertaker, Wm. H. Hackman

Place of Business, 1234 Gay St

H Darling M. D.
Medical Attendant.

Address, 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11 1910

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Ames

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} 627 Light

Cause of Death, First, (Primary.) Accidental, burns

Second, (Immediate,) Shock

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's

Date of Burial, November 14th

C. C. L. *M. D.*
Medical Attendant.

Undertaker, B. Flarty

Place of Business, 411 Light St. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 28610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Herrick

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... Cemetery

Date of Burial, ... November 13th 1878 ..... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Higgins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} corner of St Marys st. & Monument

Cause of Death { First, (Primary,) Paralysis of Heart
Second, (Immediate,) Sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 14th 78

Geo C. Gilmour M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

Date of Death, Nov 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlot Phillips

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Eutaw 216

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,) Dropsy effusion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14 1878

Undertaker, Abraham Wagman

Place of Business, No 13 S Howard St

E. A. Baldwin M. D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28613.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Arnpach

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* 10 *Months,* 17 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During greater part of life

Place of Death, {Give street and number} 310 Lexington

Cause of Death, First, (Primary,) Acute melancholia

Second, (Immediate,) Asthenia

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 14 1878

Undertaker, [illegible]

Place of Business, [illegible]

F. E. Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

Permit No. 28614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McDonald.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 574 Walker St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Consumption

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cemetery

Date of Burial, Nov 14th 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

Thos H Clemm M. D.

Address, Comm of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by B. Diggs Jr Insp

Board of Health, City of Baltimore

Permit No. 28613.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fulley Upshur

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty two *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 16 Hamilton St.

Cause of Death, {First (Primary,) Heart disease.

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D.C. Md.

Date of Burial, November 14th.

M. D.
Medical Attendant.

{*Undertaker,* W. W. madden.
{*Place of Business,* 335 S. Howard st *Address* Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... heat...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Brown — Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6. Harmony Lane —

Cause of Death First, (Primary,) mothers weak state —

Second, (Immediate,) Asthenia

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem[etery]

Date of Burial, Nov 14th 1878

James A Steuart M. D.

Undertaker, F. A. Kirkner

Place of Business, S. Carrollton *Address,* Comm of Health Rely is true

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dal. Fitzpatrick

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 /78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Warfield

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard Co, Md

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) ; Second (Immediate,) Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, November 12

{*Undertaker,* Patrick Mullin

{*Place of Business,*

J. H. Jones M. D.
Medical Attendant.

Address, Co Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

Date of Death, Nov. 13. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kelly.

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number } 22 Amity St.

Cause of Death { First, (Primary,) Scirrhus of breast, / Second, (Immediate,) Asthma

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 14

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

J W Chambers M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28619

The Physician who attended [redacted] last illness is responsible for the presentation of this [redacted] out, to the Undertaker or other person [redacted] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov ~~October~~ 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Cadden

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, C

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 82 ~ Little Church St

Cause of Death First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Amety

Date of Burial, Nov 1st 1878

Undertaker, J. A. Kerchner

Place of Business, S. Carrollton Av

[redacted] M. D.

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by J. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresia Reynolds

NOV 14 1878 BALTIMORE

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 133 S Green st

Cause of Death {First, (Primary,) Dropsy - Hepatic -
Second, (Immediate,) 6 mo -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Elm.

Date of Burial, Nov 15th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

J H Cuneo *M. D.*
Medical Attendant.

Address, 76 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cantour

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. W. Cor Chesapeake & Ostend

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Hyron Cem E. J. Williams *M. D.*

Date of Burial, Nov 14th 78 Medical Attendant.

Undertaker, M. Evans *Address* 17 Calvert St.

Place of Business, 280 Cantrell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Young

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 318 Hamburg St.

Cause of Death First, (Primary,) .....

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 15

Undertaker, Hercules Rogers

Place of Business, 95 Fortune St

R M Hare M. D.
Medical Attendant.

Address, 262 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28623 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Gill Scarborough Jr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 ~~4~~ *Years,* *Months,* *Days.*

Color, White *Sex,* F

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of ~~Death~~, {Give street and number.} 196 Penna Ave

Cause of Death, First (Primary,) Uterine Seirhous

Second (Immediate,) Cardiac Paralysis

Duration of Last Sickness, a month.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Friday

E W. Fox M.D. and T. Dunphy M. D.

Medical Attendant.

Undertaker, Caleb Bluegard

Place of Business, Penna Ave & Dolphin *Address* 178. Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie I Stark (Desch)

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte " "

Duration of Residence in the City of Baltimore, 2 y m "

Place of Death, {Give street and number} 191 Carrollton Avenue

Cause of Death { First, (Primary.) " Second, (Immediate.) Croup

Duration of last Sickness, 2 Days "

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 16th

Undertaker, Wm Keen

Place of Business, 202 N Eutaw st

J H Patterson M. D.
Medical Attendant.

Address, 21 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 28625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Urban

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14. *Years,* 7 *Months,* 10. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} No 3 Raborg st

Cause of Death, First (Primary,) Phthisis Pulmonalis and Purpura Hemorrhagica

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 16th Nov 1878

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

Charles L. Goodhart M.D.
Medical Attendant.

Address, 166 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH OFFICE NOV 15 1878 BALTIMORE

Date of Death, November 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wetzler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Nine — *Years,* Eight *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 235 N. Central Avenue

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15 Nov 2 Oclock

A. P. Yeatts M. D.
Medical Attendant.

Undertaker, Geo C Rodenmayer

Place of Business, 28 Enson Ave

Address 133 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant child of Mary Kuhl

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, ... *Years,* ..... *Months,* One *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 431 N Lombard St

Cause of Death, { First (Primary,) Patency of foramen ovale / Second (Immediate,) Cyanosis –

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 15th 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore sheet

W R Kyle M.D.

Medical Attendant.

Address, 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Lister

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, in 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 613 W. Lombard St.

Cause of Death First, (Primary,) Valvular disease & Hypertrophy of Heart

Second, (Immediate,) Acute Tubercular Softening of Lungs

Duration of last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 16th 1878

Undertaker, J & B Cook

Place of Business, No 707 W Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 558 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Tillman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} # 17 High Alley

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 15 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

Saml J. Bilby M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

Date of Death, Nov. 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Davis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 212 Chestnut Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Nov. 15, 1878

{*Undertaker,* Charles A White

{*Place of Business,* 35 Granby Street *Address* 247 Lawalst

J. L. Lyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henretta Ray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Rear 2 Lyndens Ct.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Nov 15th 1878

Undertaker, Henry Pleuer

Place of Business, 108 Raborg St

Dr. L. A. Banting M. D.
Medical Attendant.

for Homoeopathic Free Dispensary

Address 25 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~July 11 1878~~ Nov. 14 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Homer Bettenfield~~ Emma Beck

~~*Sex, Male or Female,*~~ { Cross out the words not required in this line. } female

Age, 12 *Years,* 6 *Months,* ——— *Days*

Color, Wh

~~*Married, Single,*~~ *Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life? from

Place of Death, { Give street and number. } 106 Eastern Ave

Cause of Death, { First (Primary,) Inflammation of Brain (Hemorrhage of Valves) (Heart Disease) Second (Immediate,) Hydrops

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 16 1878

Undertaker, Peter Frey

Place of Business, Eastern Av

J. Whitridge M.D.
Medical Attendant.

Address, 2481 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Ray

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 5 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} No 289 N Bond st

Cause of Death First, (Primary,) Chronic Intestitis

Second, (Immediate,) Acute Dysentary

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 17 1878

Undertaker, James A Byrne

Place of Business, No 630 N Front St

Wm L Russell M. D.
Medical Attendant.

Address, 1 Broadway & Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NOV 1878 MORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B Bray

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 6 *Months,* 11 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} No 5 Clinton av

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) do

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov - 16

Undertaker, Wm. H. Maddox

Place of Business, 335 N. Howard St

B. F. Bohner M. D.
Medical Attendant.

Address, Cor Dolphin & Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 18 78 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Smith

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, col

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St James Court 4

Cause of Death, {First (Primary,) Phthysis Pulmonalis / Second (Immediate,) Hemoptysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, 17

Undertaker, Abraham Haymas

Place of Business, No 13 Fenelon St

E. G. Baldwin M.D.
Medical Attendant.

Address, 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mc Caul

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 23 Bird St

Cause of Death, First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 17th 1878

Undertaker, James Byrne

Place of Business, Front St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhoda Haney

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* 10 *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore. Forty five years

Place of Death, {Give street and number.} No 242 Penna Ave

Cause of Death, {First (Primary,) Was for some years suffering from a complaint / Second (Immediate,) of the bowels. Lastly. Senile Atrophy

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, November 17th 1878

Thos. Armitage M. D.
Medical Attendant.

Undertaker, Hughes Jno & Co

Place of Business, 550 W Fayette st *Address* No 14 N Paca St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov^m 15.th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elmer Atkinson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty Eight *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md. 45. Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 94 Franklin St.

Cause of Death, First, (Primary,) Cerebral Paralysis.

Second, (Immediate,)

Duration of last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 16th 1878

Undertaker, Wm H. Huckman

Place of Business, 1234 Gay St

D.C. Ireland M. D.
Medical Attendant.

Address, 178 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Lindal Hays

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 25 *Years,* 5 *Months,* 8 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 68 S. Carrollton Ave

Cause of Death, First (Primary,) Rupture of blood vessel, which caused hemorrhage into stomach and vomiting of blood, &c.

Second (Immediate,) Hæmorrhage

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 17

Undertaker, B. Cook

Place of Business, 767 W. Baltimore St.

W. G. Requier M. D.

Medical Attendant.

Address, 17 N. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15: 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Haggerty

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 512 Franklin

Cause of Death, {First (Primary,) Diphtheria; Second (Immediate,) Nephritis & Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 17

Undertaker, [redacted] B. Cook

Place of Business, [redacted] 7 W Baltimore St

Thomas Opie M.D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15, 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O'Tick

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dublin Ireland 5

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 578 W Balto

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 3 Wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 17 Nov

Undertaker, P. Kinnard

Place of Business, 317 Madison St

Augustus M Eadmon *M. D.*
Medical Attendant.

Address, 349 Fleet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28642.

The Physician who attended ... sible ... ficate ... out, to the Undertaker or other ... within ... eath of said ... sooner, if requested so to do. ... or is ...

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Zollinger

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 90 N. Washington St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Phthisis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 17th 1878

Undertaker, M. Feuk

Place of Business, 35 Bank St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health
Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Copy

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Meredith.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.-

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.-

Duration of Residence in the City of Baltimore, All of her

Place of Death, {Give street and number.} 437 Franklin St- Balt Md.-

Cause of Death, First (Primary,) Asthenia.-

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard Green & Fayette Sts } Hamd. Steuart, M. D.
Medical Attendant.

Date of Burial, 17th Nov 1878

Undertaker, Hy W Jenkins & Son

Place of Business, * 16 Light St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
16
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Markle

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 288 South Eutaw St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 288 South Eutaw St

Cause of Death, First (Primary,) Con Sulsions

Second (Immediate,) 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Scharf street Cemetary

Date of Burial, November the 17 1878

J V Shultz M. D.
Medical Attendant.

Undertaker, Owens & whitley

Place of Business, 225. S. Eutaw st *Address* 260 South Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 28645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Felsinger

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 3 *Years,* 9 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltm. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} No. 3 Fayette Court nr. Washington

Cause of Death, First, (Primary,) Pseudo membranous croup

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, N. Aisquith St

Date of Burial, Nov 16 78

Undertaker, C. Evans

Place of Business, 280 Eastern Ave

P. G. Dausch *M. D.*
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 16 1878 HEALTH DEPARTMENT BALTIMORE

Date of Death, Nov. 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Königg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, " ~~Years~~, 11 *Months,* " ~~Days.~~

Color, White ~~Sex,~~

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} Fairmount Ave. No 20.

Cause of Death, First (Primary,) Debility & Dentitio

Second (Immediate,) Eclampsia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, Nov 17th

C. H. Sill M. D.
Medical Attendant.

Undertaker, Ambrose Krehler

Place of Business, 944 E. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leyton F Wolf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mill wright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 530 Penn Ave,

Cause of Death First, (Primary,) Paralysis, of right side.

Second, (Immediate,)

Duration of last Sickness, 12 days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Nov 16th 1878

Undertaker, F. F. Mamuth

Place of Business, Saratoga S

Geo G Wheelan M. D.
Medical Attendant.

Address, Front & Saratoga Sts
No 424 East Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 28648

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 6 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Williams.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 1 *Months,* ... *Days.*

Color, Colrd

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow.

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charles Co. Md.

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} 41 Lews Alley.

Cause of Death, First (Primary,) Capillary Hemorhage.
Second (Immediate,) Asthenia.

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Nov 16. 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

Jn.o F. Powell M.D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 Nov. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Dambmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* six *Months,* twenty four *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 161 Edmondson Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 17th 1878

Undertaker, John H. Weaver

Place of Business, 32 N. Fayette St *Address*

G. W. Pape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo[illegible]

Permit No. 28652

OFFICE OF REGISTRAR OF VITAL STATISTIC[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

Date of Death, Nov - 14 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos Hues

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number} 174 Lower Street

Cause of Death {First, (Primary,) ?

{Second, (Immediate,) ?

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, *Address,*

R. F. Moore *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Dixon

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly 8 mo Yrs

Place of Death, {Give street and number} 40 S. Stricker St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Membranous Croup

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md

Date of Burial, Nov 17th 1878

Undertaker, Blackistone & Co

Place of Business, W Balto St

W. R. McShane M. D.
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Edna Borcely

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 15 *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ~~Single~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 Days.

Place of Death, {Give street and number.} 18 Union St.

Cause of Death, First (Primary,) Of Stomach & Bowels

Second (Immediate,) Inanition

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 16 1878

Undertaker, J. Wm E Gordon

Place of Business, 62 Park Ave

W. E. Mosely M. D.
Medical Attendant.

Address 136 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 28653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 "mo" 15 "1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Shaw

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 57 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number} 18 S. High St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 18, 1878

Undertaker, R. A. Bryan

Place of Business, E. Balto. St

W. T. Riley M. D.
Medical Attendant.

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand S. Pfeiter

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 266 South Charles St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Six Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus. Cemetery. H. B. Noble M. D.

Date of Burial, November 18. 78 Medical Attendant.

{*Undertaker,* J. Harle.

Place of Business, 411 Light St. *Address* 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Catharine M.c Libbey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 72 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Years —

Place of Death, {Give street and number.} 518 W. Pratt

Cause of Death, First (Primary,) Apoplexy —

Second (Immediate,)

Duration of Last Sickness, Sudden death, Sickly during past Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 17th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Edwd F. Mechlland M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Crampton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 7 Penn St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 18th 1878

Undertaker, Joseph J Byrne

Place of Business, 59 n Liberty

Jno. G. Day *M. D.*
Medical Attendant.

Address Park Ave & Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Price

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Seventy-two *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, About Sixty years

Place of Death, {Give street and number.} 217 Mulberry St

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, About a Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 17th 1878

D. R. Larsen M.D.
Medical Attendant.

{*Undertaker,* Wm O Weaver

Place of Business, No 202 N. Eutaw St

Address, 217 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Thaler

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 3 *Months,* 0 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, C

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 384 N Gay

Cause of Death, {First (Primary,) Diphtheria.

Second (Immediate,) 5 or 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns R C

Date of Burial, Nov 18 1878

Undertaker, Henry Hoen

Place of Business, 309 Eutaw St

J Ridgway Andrew M. D.
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2865 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Runnett Ford

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 22 days

Place of Death, {Give street and number.} 678 W Balto

Cause of Death, First (Primary,) Difficult Int

Second (Immediate,)

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 17 1878

Undertaker, Peter Runnett

Place of Business, 317 Attorney

E H Dorsey M. D.
Medical Attendant.

Address, 3 W Fay St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Herzog

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 24 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.} Married

Occupation, Cutter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 N. Amity

Cause of Death, First (Primary,) Strangulated Inguinal Hernia

Second (Immediate,) Peritonitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 18th

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw st

Thomas Opie M.D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Keller

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 8 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland Frederick

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 1029 Gough

Cause of Death, { First (Primary,) ..... Second (Immediate,) Old age

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cemty

Date of Burial, November 18th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

C. B. Cone M. D.
Medical Attendant.

Address, 237 Gough

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28662

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Therese Krueger

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} No 17 Cambridge St

Cause of Death, First, (Primary,) Apoplexy Pneumonia

Second, (Immediate,) ~~Second, (Immediate,)~~

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, Nov 17th

H. C. Winternitz M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave *Address,* ~~Address~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna Babcock

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} No 191 Aisquith st

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) ____

Duration of last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 18th 1878

L. C. Winternitz, M. D.
Medical Attendant.

Undertaker, Leonard Pyle

Place of Business, S. Bond st. No 278 *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Brien,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22, *Years,* 6 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va,

Duration of Residence in the City of Baltimore, 22 Years,

Place of Death, {Give street and number} City Hospital,

Cause of Death First, (Primary.) Phthisis (acute)

Second, (Immediate.) Asthenia,

Duration of last Sickness, 4 Months,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 17 1878

Undertaker, John Lightbeck

Place of Business, 178 Howard St

J. M. Chambers, M. D.
Medical Attendant.

Address, City Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1878

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Sellers

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 54 Chew st.

Cause of Death { First, (Primary,) Chronic Croup
Second, (Immediate,)

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Nov 18th 1878

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

John F. Lemmon M. D.
Medical Attendant.

Address, 5 N Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Baldwin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 162 Conway St

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) not known

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November the 17

Undertaker, Thomas Blackson

Place of Business, W Balto St

J H Emmey M. D.
Medical Attendant.

Address, 76 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Charles.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Use of his life

Place of Death, { Give street and number. } 260 N Central Ave.

Cause of Death, { First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Jas. L. Smith M. D.

Date of Burial, Nov 18, 1878. Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 809 Central Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Hill

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Attorney at Law

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} Cor of Bolton & McMechen Sts

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Pneumonia

Duration of last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 18

Undertaker, C H Blizard

Place of Business, 201 Eutaw *Address,* 97 N Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...& CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
18
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Denby

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Rural Town

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Bowers Ct.

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burying Ground

Date of Burial, November 18th

Undertaker, Jas Brayton

Place of Business, No 22 Druid Hill Avenue.

[illegible] M. D.
Medical Attendant.

Address, 1911 East N

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15-1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Fuller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 30 *Years,* ..... *Months,* ..... *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 57 Little Monument St-ext

Cause of Death { First, (Primary,) Phthisis Pulmonia
, { Second, (Immediate,) Asthenia

Duration of last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 18th 1878

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave

Harbury Brewer M. D.
Medical Attendant.

Address, 58 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1878 7 30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caroline Shultheis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 174 S. Bond St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, Saw the child once- Thursday last

All the above information should be furnished by the Physician.

Place of Burial, St. Stephanus Cemetary

Date of Burial, 9 o'clock 19 November

James E. Donnelly M. D.
Medical Attendant.

Undertaker, George Schultheis.

Place of Business, 176 South Bond St. Undertaker

Address, 176 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 18 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Gordon

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, ____ *Years,* 8 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} # 304 Montgomery St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov. 18 1878

Chas. T. Bell M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 5 Howard St

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Burkart

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (12 yrs in America

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Ulcer of Stomach

Second (Immediate,) Acute Peritonitis

Duration of Last Sickness, about 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemy

Date of Burial, Nov 18th 1878

Undertaker H. Shuttleworth

Place of Business, Lombard Near Carlin

Geo. A. Carey M.D.
Medical Attendant.

Address, 188 W Conway St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mac

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 374 Washington St

Cause of Death, First (Primary,) ———

Second (Immediate,) Consumption Lungs

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 19

Undertaker, John Herring

Place of Business, 28 Caldwell St.

E C Jones *M. D.*
Medical Attendant.

Address, 220 Ashland Square

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Starl-

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper of own house

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 396 Harford Av. Baltimore

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 days or unknown

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov. 19th 1878.

{*Undertaker,* Wm. C. Eichman.

Place of Business, 234 N. Gay St.

Geo. H. Watson M.D.
Medical Attendant.

Address. 18 Druid Hill St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Darling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Six *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chester County Pa

Duration of Residence in the City of Baltimore, Twenty Three Years,

Place of Death, {Give street and number.} No 87 Asquith street

Cause of Death, First (Primary,) ....

Second (Immediate,) Central Asphyxy

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty

Date of Burial, Nov 18 1878

Attended 2 days Years *M. D.*

Medical Attendant.

Undertaker, Thos L Hughes

Place of Business, 114 E Balto *Address* No 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 314 Eastern Ave E.

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Vernon Cem.

Date of Burial, Nov 19th '78

Undertaker, J. W. Evans

Place of Business, 220 Central Ave

W. Keirle M. D.
Medical Attendant.

Address, 914 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Montag

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 3 *Months,* ! *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Jailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia - 29 years in the U. States

Duration of Residence in the City of Baltimore, Twenty nine years

Place of Death, {Give street and number.} 246 N. Howard St -

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem. Thomas Jeppings M. D.

Date of Burial, 19 Nov. Medical Attendant.

{*Undertaker,* H Bergman *Address* 70 Centre St -

{*Place of Business,* 45 Clay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1878 BALTIMORE

Date of Death, Nov 17th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas A Dubois

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 10 *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Stirling St nr 10th

Cause of Death, { First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 6 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 19th 1878

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St *Address*

J Schaefer *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Veronica Maria

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 80 N Dallas St

Cause of Death {First, (Primary,) Acute Meningitis

{Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 19th 1878

W. L. Russell M. D.
Medical Attendant.

Undertaker, Thos. J. Locke

Place of Business, 139 Fifteen St *Address,* Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Maria Köhler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} E. Lombard St 314.

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, ten years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Conv

Date of Burial, November 18.78

{ *Undertaker,* Wendling Dippel / *Place of Business,* 814 S Bond st } *Address*

A. H. Fick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hanlon

~~*Sex,* Male or Female,~~ {Cross out the words not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days*

Color, White

~~*Married.*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 602 W. Fayette St

Cause of Death, {First (Primary,) Malignant disease of bowels / Second (Immediate,) Peritonitis

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov. 19th 1878

Chas A'Donovan *M. D.*
Medical Attendant.

{*Undertaker,* Hughes & Co / *Place of Business,* 550 W. Fayette St} *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McGowan

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 28 ½ years

Place of Death, {Give street and number.} Nr 66 Ridgely St. Balt City

Cause of Death, First (Primary,) Second (Immediate,) Pneumonia Typhoid

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Nov 19th 1878

Undertaker, Peter Kummert

Place of Business, 317 Mulberry st

Pembroke W. Womble M.D.
Medical Attendant.

Address, Nr 203 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Laws

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Zymotic Fever

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pale Cemetery

Date of Burial, Nov 18th 1878

Undertaker, F. A. Kerchner

Place of Business, Carrollton *Address,*

J. L. Powell, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Jane Harris

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 134 York st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, November 19 1878

Undertaker, William J. Gross

Place of Business, 465 W. Balto St. *Address,* 262 S. Sharp St.

R. M. Hall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 7 Norman

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 19th 1878

Undertaker, Henry W. Meard

Place of Business, 45 N. Gay St

Thos. D. Stonestreet M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 787 Hillen St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 787 Hillen St

Cause of Death {First, (Primary,) Congestion

{Second, (Immediate,)

Duration of last Sickness, 72 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 16 1878

Edward J. McDevitt M. D.
Medical Attendant.

Undertaker, Jas. F. Byrne

Place of Business, 63 Hanover

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Inman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} N.E. cor. Balto & Davis sts

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheretic Croup.

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Nov 18 1878

Undertaker, James S Byrne

Place of Business, No 63 N Front St

Edward J. McDevitt M. D.
Medical Attendant.

Address, 137 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28689.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas George Raul

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* 4 *Months,* 14 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Centre Market Space

Cause of Death, {First (Primary,) Pleuro pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Nov. 20th

Undertaker, John Tuckel

Place of Business, 616 n Balto St.

L Pittmann M. D.
Medical Attendant.

Address, 69 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1878

Date of Death, Nov. 16th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ira Batchelor

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, x *Years,* 17 *Months,* x *Days.*

Color, W. *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 12[illegible] Gaulte

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick semetery

Date of Burial, Nov 18.

Undertaker, Theodore J Lacke

Place of Business, Jefferson st 56

H. T. Reynolds M. D.
Medical Attendant.

Address 186 Aliceanna st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE

Date of Death, Nov 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cagney

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 158 Division St

Cause of Death, {First (Primary.) Cancerous Disease of Joint

Second (Immediate.) ~~Three or 4 years~~ —

Duration of Last Sickness, Three or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 19th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 & Liberty St

Chas C Brown M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1878

CERTIFICATE OF DEATH.

Date of Death, X

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas James Fraser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 ~~*Months,*~~ *Days.*

Color, col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. X

Place of Death, {Give street and number.} 154 L. Durham St.

Cause of Death, First (Primary.) Bronchitis, contributed to by

Second (Immediate,) asthenia.

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician

Place of Burial, Dallas Street

Date of Burial, Nov 19th 1878

Undertaker, Sheridan & Locke

Place of Business, 13 & 15 Hanover St

B. Farnell M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1878.

NOV 19 '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee Freshline

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 3 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 177 Preston St.

Cause of Death { First, (Primary.) Premature birth - Seven months
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 21st 1878

Louis H. Knight M. D.
Medical Attendant.

Undertaker, P. Kummet

Place of Business, Mulbey & *Address,* 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th November 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ercenbaum.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Forty three (43) *Years,* *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Keeping House, with her Children.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, Twenty three years.

Place of Death, {Give street and number.} Sixty three Lee Street.

Cause of Death, First (Primary,) Cancer.

Second (Immediate,) Cancer of the abdominal viscera.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chek Shalom

Date of Burial, Nov 19th 78

Wm. Elam M. D.
Medical Attendant.

Undertaker, Wm. Elam

Place of Business, 101 Gough St. *Address* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 28695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Alverta Ingersoll

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Buffalo N. Y.

Duration of Residence in the City of Baltimore, abut 2 years

Place of Death, {Give street and number.} 183 S Amundson Ave

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 19th Nov 1878

Undertaker, H & W Deutkins & Son

Place of Business, 16 Light St

Address 201 Madison Ave

P. E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1878 NOV 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mingo

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 96 — *Years,* ~~9~~ *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.} Married

Occupation, Caulker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Gallinion City Lipe

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 12 A Vans St

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, — 22 Months —

All the above information should be furnished by the Physician.

Place of Burial, Bonnet Cemetery

Date of Burial, Nov 19.

Undertaker, Abraham Magruder

Place of Business, 13 Lombard St

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1878 BALTIMORE

Date of Death, Nov 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Compton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co, Md

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 5 Madison Alley

Cause of Death, First (Primary,)

Second (Immediate,) Consumption & Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wood Kennedy

Date of Burial, Nov 19

Undertaker, Abraham Wagner

Place of Business, 13 Sondheim St

D E Jordan *M. D.*

Medical Attendant.

Address, 220 Ashland Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1878

Date of Death, Nov 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Grady

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} Madison ave

Cause of Death First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonn Secr

Date of Burial, Nov 20th 1878

Undertaker, John Schnebly

Place of Business, No 469 Druid Hill ave

J H Latimer *M. D.*
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 18—1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kopf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 48 *Years,* ~~*Months,*~~ ~~*Days.*~~

~~*Colored,*~~ *Sex,*

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Stone-mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About ten years

Place of Death, {Give street and number.} Cor. Payson & Pratt Sts.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Apnea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 18

C. C. McDowell M. D.
Medical Attendant.

Undertaker, J. J. Boulay

Place of Business, 66. Jr. Ave.

Address 642 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Cotez

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 233 N Wolfe St

Cause of Death, First, (Primary,) Hypertrophy Heart

Second, (Immediate,) Dropsy

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 20 1878

Undertaker, Conn Lock

Place of Business, 69 E Eutaw

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schäffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Year,* Eight *Months,* 18 *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Barnes Str.

Cause of Death, First (Primary,) Pseudo-Membranous Laryngitis

Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Nov 20, 1878

A. Cranachan M.D.
Medical Attendant.

Undertaker, Henry Keech

Place of Business, 30 Hanover Str

Address 234 N Caroline Str

NOV 19 1878

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wolfgang Amadeus Mozart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* Three *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Salt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Fisgith near Bayer Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, Nov 20 1878

Undertaker, Henry Koch

Place of Business, Eutaw

S. Mosher M. D.
Medical Attendant.

Address, Cor Eutaw & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1878

Date of Death, Nov 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise & John Hovney (Parents)

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 Minutes *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 100 S. Chapel St

Cause of Death First, (Primary,) Protracted Labor

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 19 1878

Undertaker, John Hovney

Place of Business, 100 S. Chapel St

Wm A Lamb M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Speidler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 228 S. Bond Street

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.y

Date of Burial, Nov 19th

Undertaker, H. Froelich

Place of Business, 246 Eastern Av

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicolas Guirell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carret (Ireland)

Duration of Residence in the City of Baltimore, more than 20 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, {First (Primary.) / Second (Immediate,)} old age

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, Nov. 20th 1878.

{*Undertaker,* Henry Schultheis / *Place of Business,*}

Jas. Boote M.D.
Medical Attendant.

Address 16 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1878

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Bishop

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Sterling St 1614

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate.)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 19. 1878

Undertaker, Charles A White

Place of Business, 36 Hanby st

W S Norton *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Davis

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 Mos *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} 3 Rich St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Rich St

Cause of Death, First (Primary,) Asphyxia Complicated

Second (Immediate,) Ulcerative Stomatitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19th 1878

Undertaker, Wm. V. Dunger

Place of Business, No 10 Stockton Alley

J. L. Yglehart M. D.
Medical Attendant.

Address 219 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1878

CERTIFICATE OF DEATH.

Date of Death, Nov 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Month 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling Institution

Duration of Residence in the ~~City of Baltimore~~, St Vincents Infant Asylum

Place of Death, {Give street and number} Congenital Syphilis

Cause of Death, First, (Primary.)

Second, (Immediate,)

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 20. 1878

Undertaker, Saml Bowen

Place of Business, 152 Durham St.

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 3 wks

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 20. 1878

Martin Brewer M. D.
Medical Attendant.

Undertaker, Daniel Bowen

Place of Business, 156 Division St

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Staages

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — 69 — *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Widow

~~*Occupation*~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 752 W Pratt St

Cause of Death, First (Primary,) Cancer of the Uterus

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, Nov 20th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 28711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Redger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 11 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #138 S. Regester St

Cause of Death, First (Primary,) Scarlet Fever accompanied

Second (Immediate,) by Meningitis,

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 20

Undertaker, Wendelin Diffle

Place of Business, S. Bond St, 151

John H. Rehberger M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 20 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Vincent Saunders

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt – Son

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 E. Monument St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, November 20th 78

Undertaker, Jas P Byrne

Place of Business, 63 Front St

Phos Latimer M.D.

Medical Attendant.

Address. 184 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B Hewitt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 North Exeter

Cause of Death, {First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,) 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Nov. 20th 1878

Undertaker, Geo. Rodewald

Place of Business, 51, 53, Lombard

Geo B Reynolds *M. D.*
Medical Attendant.

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Riley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Nov. 19th 1878.

{*Undertaker,* John T. Bachelor

{*Place of Business,* W. Balto. St.

Alex. P. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Patterson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 35 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Marys Co Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} No 29 Ross St

Cause of Death; {First (Primary,) Supposed Phthisis. Second (Immediate,)}

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 20th 1878

Undertaker, John J. Anchue

Place of Business, 5 Mid Hill

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November the 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Byrd

Sex, Male or ~~Female~~. {Cross out the words not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Porter in Lumber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 174 Gallis St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Nov 20th 1878

Undertaker, Wm N. Dunge

Place of Business, No 62 East St

J Monk M.D.

Medical Attendant.

Address, No 36 Davis St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Byrne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty Eight *Years,* Eight *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} No. 6, Hannany Lane

Cause of Death, {First (Primary,) ——— Second (Immediate,) Uraemic Convulsions

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20th 1878

J. T. Smith M. D.
Medical Attendant.

{*Undertaker,* P. Kummel
Place of Business, 317 Madison St.} *Address* Cor. Mulberry & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Kemp.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 42 Druid Hill Ave.

Cause of Death, {First (Primary,) Scarlatina Anginosa

Second (Immediate,) —

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician

Place of Burial, Saint Peters

Date of Burial, Nov 20th 1878

{*Undertaker,* John J. Adams

Place of Business, 144 & 6 Druid Hill Ave

J. H. Senff M. D.
Medical Attendant.

Address 4 Cathedral St
Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Agnes McNamara

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ——— *Days.*

~~*Color,*~~ ——— ~~*Sex,*~~ ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 741 W. Lombard St

Cause of Death, First (Primary,) Basilar Meningitis

Second (Immediate,) Asthenia &c

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Ground C. C. McDowell M. D.

Medical Attendant.

Date of Burial, Nov 20th

Undertaker, Peter Kumert

Place of Business, 317 Mulberry st *Address* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th November 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Jury Sr.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 68 *Years,* 10 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Warren av

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st 1878

Undertaker, T. N. Doyle

Place of Business, #131 Hanover St

H. W. Webster Jr. M.D.
Medical Attendant.

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Frazier

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Seven *Years,* One *Months* Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 722 N. Paca Street

Cause of Death {First, (Primary,) Tuberculous Meningitis
Second, (Immediate,)

Duration of last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, Nov 22 nd 1878

Undertaker, I B Cook

Place of Business, No 707 N Baltimore street

Chas. W. Hitt M. D.
Medical Attendant.

Address, 306 N. Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Minnie Krumme (Wilhelmina)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty-four *Years,* Seven *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany — Eighteen years in the U. S.

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number.} No. 95 Poppleton St.

Cause of Death, First (Primary,) ——— (Suicide)

Second (Immediate,) Strangulation

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov 22 nd 1878

Undertaker, I B Cook

Place of Business, No. 707 W Baltimore street

J. Tyler Smith M. D.
Medical Attendant.

Address Cor. Mulberry & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thaupin Edward

Sex, Male or Female; {Cross out the word not required in this line.}

Age, Fifteen *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 703 West Fayette

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Internal Hemorrhage

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Cemetery Washington C.C. Jno R. Quinan *M. D.*

Medical Attendant.

Date of Burial, November 21st 1878.

Undertaker, John H. Weaver

Place of Business, 622 West Fayette St. *Address* 686 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granted 12th 11

Board of Health, City of Baltimore,

Permit No. 28724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th November 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ottilia Richner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Horitz, Bohemia, Austria

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} S. Bond Street 258.

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculosis Pulmonum

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, S. Alphonsus Cemetery

Date of Burial, November 22d 1878.

{*Undertaker,* Leonhard Furry

{*Place of Business,* S. Bond Street No. 277

William Stenzel M. D.
Medical Attendant.

Address S. Wolfe St. 114

NOV 20 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Thieman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Alsace 11 yrs in America

Duration of Residence in the City of Baltimore, 11 yrs in Balt°

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Acute Albuminuria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Burial

Date of Burial, Nov 21

Undertaker, Shadhurst

Place of Business, Lombard near Monument St near Eden

Wm. Oscar Clemm M.D.
Medical Attendant.

Address, 188 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Laine

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 92 *Years,* *Months,* *Days*

Color, ~~ed~~

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 121 Central Avenue

Cause of Death, First (Primary,)

Second (Immediate,) Apoplexy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 20th

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

E. C. Baldwin *M. D.*

Medical Attendant.

Address. 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. L. N. Dorsett

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 293 Hanover St

Cause of Death, First (Primary,) Infantile Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 22nd 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20721

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 20 1878 BALTIMORE

Date of Death, November 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lady Doll Bane

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 212 E. Pratt st

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, a Few weeks

All the above information should be furnished by the Physician.

Place of Burial, Bellaire Cemetery

Date of Burial, Nov 21 78

Nicholas L. Dorsett M. D. Medical Attendant.

Undertaker, Fry & Zell

Place of Business, 54 N Broadway *Address,* 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Williams

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 4 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 59 Ann st

Cause of Death, {First (Primary,) Croup (Diphtheritic)

{Second (Immediate,)

Duration of Last Sickness, Four day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 21 98

{*Undertaker,* Fry & Son

{*Place of Business,* 514 N Broadway

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28730

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. McDevitt

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 34 *Years,* 8 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Glass Cutter,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Phila. Pa.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, { Give street and number } 6 Clarkson St.

Cause of Death { First, (Primary,) Gangrene of the right Shoulder. / Second, (Immediate,) Pyaemia

Duration of last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Holes Civil Cemetery

Date of Burial, November 22

Undertaker, John Heaney

Place of Business, 356 Canton Av

Edward P. McDevitt M. D.
Medical Attendant.

Address, 187 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...pertinent answers to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20D 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora N[illegible]

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 43 L Mc.Elderry la Maraenus

Cause of Death {First, (Primary,) —

Second, (Immediate,)

Duration of last Sickness, Admits all its life

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cem

Date of Burial, Nov 21 1878

Undertaker, W N Dugan

Place of Business, Eastern

James Kelly M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Zeller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 242 S. Dallas St.

Cause of Death, First (Primary,) Congestion of the Brain.

Second (Immediate,)

Duration of Last Sickness, About four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, November 22nd 1878

Undertaker, Henry Lemmon

Place of Business, 252 Caroline Ave.

John H. Rehberger M.D.
Medical Attendant.

Address 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank McCloskey

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, W. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 98 Richmond St

Cause of Death, First (Primary,) Tubercular Meningitis.

Second (Immediate,) Coma

Duration of Last Sickness, about 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters ground

Date of Burial, Nov 22

Undertaker, J Cairns

Place of Business, ____

J. R. Page M. D.
Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 Nov 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gerche de Ritse

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Cross & Eutaw

Cause of Death, First (Primary,) Dr & Dr knows she only one a few hours before death

Second (Immediate,) Gastric Hemorrhage.

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 22nd

Undertaker, T. N. Doll

Place of Business, #131 Hanover St *Address*

L Illegible M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* 12 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty Years (3-07)

Place of Death, {Give street and number.} East st No 25

Cause of Death, First (Primary,) Concussion of the Brain

Second (Immediate,)

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov 21. 1878

J. E. Gorsuch M. D.
Medical Attendant.

{*Undertaker,* Wilkinson Dingle
Place of Business, 62 East st

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFE

No. 28736

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 21. 1878 BALTIMORE

Date of Death, November 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Boyd

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 128. York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 21st 1878 Theodore Cook M. D.

Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Address, 146 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28737

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Riley

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* 11 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 224 Hollins street

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 21st 1878

O. A. Cooke M. D.
Medical Attendant.

Undertaker J B Loats

Place of Business No 707 W Baltimore street

Address, 258 S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 21 1878

Date of Death, November 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meredith

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 54 S. Eutaw

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, About 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 21st 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

A R M'Shane M. D.

Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Curtis Byrnes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 42 S. Fulton St

Cause of Death First, (Primary,)

Second, (Immediate,) Congestion of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 22nd 1878

{*Undertaker,* S. B. Beck

Place of Business, No 707 W Baltimore street

J. R. McDaniel M. D.
Medical Attendant.

Address, 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Elmer McSpieden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 3 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 224 Pine St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Nov 22 nd 1878

Undertaker, J B Cook

Place of Business No 707 W Baltimore street

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address 363 Franklin St.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 21 1873

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Meyerstang

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Progressive Locomotor Ataxia

Second (Immediate,) Phthisis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Ahah Shalom

Date of Burial, Oct. 21 1873

Undertaker, Offen. Elsas

Place of Business, 101 Gough St

Sol. Strauss M. D.
Visiting Physician
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday 20th Nov.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Rosenheim

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 84 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 29 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 34 Holland

Cause of Death First, (Primary,) Senile Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, B. T. H. Cemetery

Date of Burial, Nov 22nd 78

Undertaker, Wm Elder

Place of Business, 101 Gough

Abram Bruns M. D.
Medical Attendant.

Address, 7 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28743

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebeca Strauss

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria (German)

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} No 85 Mulberry St.

Cause of Death, First, (Primary.) Marasmus senilis

Second, (Immediate,)

Duration of last Sickness, several weeks.

All the above information should be furnished by the Physician.

Place of Burial, B. D. H. Comy

Date of Burial, Nov 22 nd 78

L. C. Winternitz M. D.
Medical Attendant.

Undertaker, Wm Gilson

Place of Business, 111 Gough *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

Date of Death, Nov 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Richards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 264 Greenmount Ave

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) 2 hrs

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 23rd 1878

Undertaker, Jas R Bone

Place of Business, Front St

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick, Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 70 Arch St

Cause of Death, {First (Primary,) Phthisis Pulm

Second (Immediate,) 2 mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov. 21. 1898.

Undertaker, Wm. Jr. Gray.

Place of Business, 65 Mulberry St.

W. Haight M. D.
Medical Attendant.

Address 20 Grove Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board o[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 Years, *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #229 S. Dallas St,

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 22

John H. Rehberger M.D.
Medical Attendant.

Undertaker, W. Fippel

Place of Business, S. Bondot. 151

Address #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~John Hunt~~ Nov 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 12 Greenwellow Ct

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22 1878

Undertaker, Abram Irwin Hayes

Place of Business, 30 Saratoga st

Sam'l H Andrews M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

28748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or equested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 21 1878

Date of Death, November 20th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Bunsen

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 69. *Years,* 1. *Months,* 21. *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 100 E Monument & Bruce alley

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 15 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemy

Date of Burial, 22nd Nov

Undertaker, P. Kummert.

Place of Business, 317 Mulberry St

Louis Schlosser M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 21 1878

Date of Death, Nov 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jas Mahoney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} 24 S. Bethel St

Cause of Death {First, (Primary,) / Second, (Immediate,)} Consumption

Duration of last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22nd 1878

Jas A Steen M. D.
~~Medical Attendant~~

Undertaker, Wm N. Dungee

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E. Layton

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

Date of Death, Nov 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo T. Lee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number} Buchanans wharf

Cause of Death, First, (Primary,) Accident

Second, (Immediate,) Fractured Cervical Spine

Duration of last Sickness, 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cem

Date of Burial, Nov 22d

Undertaker, B. Hale

Place of Business, [illegible] Light St

Rev Edmund R Walker M. D.
Medical Attendant.

Address, Corner Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 21 1878 BALTIMORE

Date of Death, Nov 20th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Maginess

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 170 N. Wolfe st

Cause of Death, { First (Primary,) Burning this / Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 22/1878

{ *Undertaker,* Fry & Bro / *Place of Business,* Cor Fayette & Broadway

W. B. Billing & Son *M. D.*
Medical Attendant.

Address Harford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 28752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

Date of Death, Nov 21. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Walmsley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 74 N Charles.

Cause of Death, First, (Primary.) Scarlet fever.

Second, (Immediate,) Cervical abcess

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 22 nd

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

F. E. Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Barnhale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ *Months,* 8 hours *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 284, E. Balt° St

Cause of Death, First (Primary,) Premature birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 22d 1878

F. A. McManus M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60. E. Balto St *Address* 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Hance

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md 20 Davis Co

Duration of Residence in the City of Baltimore, 3 yrs 9 mos

Place of Death, {Give street and number} Md 20 Davis Co

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlet fever

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 90 Oak Lawn

Undertaker, Sweet Mueller

Place of Business, No 21 Harrison St.

J W Patterson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kratmer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 25 *Years,* — *Months,* 19 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 122. Balto Av Corner James (Maligned)

Cause of Death, {First (Primary,) Second (Immediate,)} Ulc removal.

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem'y

Date of Burial, Nov. 23rd

Undertaker, B. Hale

Place of Business, 1 Light St.

Charles J Bartlett M.D.
Medical Attendant.

Address, 161 S Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard A. G. Bevans

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} N. W. Cor. Eden & Lombard Sts.

Cause of Death, First (Primary,) Catarrh of Chest (Pneumonia)

Second (Immediate,) Paralysis of Lungs

Duration of Last Sickness, Unknown – The Cause of death is only furnished as I was called only few minutes before death & patient died before I reached him

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 24th 1878

E J Ray M. D.
Medical Attendant.

Undertaker, Thos E Hughes *Address* 19 S Broadway

Place of Business, 10 East Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

Date of Death, November 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie W Chatburn.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 17 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 S Schroeder St

Cause of Death, First (Primary,) Tuberculosis —

Second (Immediate,) Acute Phthisis.

Duration of Last Sickness, Five months —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 24

Undertaker, J B Cook

Place of Business, 707 West Baltimore

W H Keyser M.D.

Medical Attendant.

Address, 1 McCulloh & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A. McComas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 Years, 4 Months, ~ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, 3 or 4 years permanently

Place of Death, {Give street and number} #242 N Caroline St

Cause of Death, First, (Primary.) Senile Gangrene R foot & hands

Second, (Immediate.) Exhaustion

Duration of last Sickness, 4 mos, & 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Tract

Date of Burial, Nov 22 1878 Geo A Hartman M. D.

Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, Gay St Address, #305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Buried 11/24

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 BALTIMORE

Date of Death, Nov 21 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ward

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Chestnut St

Cause of Death, First (Primary,) Uraemic Convulsions

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 22nd 1898

Undertaker, James O Byrne

Place of Business, No 63 E. Fayette St

Sam'l J Bell M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 28760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schmidt

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 71 *Years,* 6. *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinetmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 11 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 14 E. Burgundy st

Cause of Death, {First (Primary,) Asthma (and Old Age)} {Second (Immediate,) Exhaustion}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 24th

Undertaker, Julius Gehler

Place of Business, Corner Green & Pratt Sts.

Charles L. Buddenbaum M.D.
Medical Attendant.

Address, 466 Pacific

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kolin

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 4 y 3 — *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years,

Place of Death, {Give street and number} City Hospital, Pinkney (Hemp)

Cause of Death {First, (Primary,) Asphyxia,
Second, (Immediate,) 2 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 29th

Undertaker, H. C. Winkfield

Place of Business, 91 Pennsylvania Ave

J. [illegible] M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Rackensperger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} № 2 Sarah Ann St.

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, five days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 24 Nov

J. Zepp M. D.
Medical Attendant.

Undertaker, P. Kümmel

Place of Business, 917 Mulberry St. *Address* 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 28763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Donely

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lavoot (Ireland)

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Nr. John and Valley Sts

Cause of Death, {First (Primary,) .....} {Second (Immediate,) paralysis}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 23th 1878

Undertaker, Henry Schultheis

Place of Business, ...

Samuel Steiner M. D.
Medical Attendant.

Address Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Doctors absent Information by Mr H. W. Duckett

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 28764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie McEntee

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Days~~ *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 917 Fork St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion Chill

Duration of last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, Nov 23 98

Undertaker, B Hearle

Place of Business, 711 Light St

Theodore Cotts M. D.
Medical Attendant.

Address, 1243 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1243 Hanover

[OVER.]

Board of Health, City of Baltimor

Permit No. 28765

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d November 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Henry. Fredrich. William Koch

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmayer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, Fourteen Years.

Place of Death, {Give street and number.} 469. N. Central Av.

Cause of Death, First (Primary,) Accident.
Second (Immediate,) Fracture of Spine. and ribs.

Duration of Last Sickness, Seven minutes.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Balt Cemetery

Undertaker, Raw & Bartelt

Place of Business, No 62½ W Balt St

W Evan Gibbon M.D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Arnold

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Two (2) *Months,* Eleven (11) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 46 Greenmount Ave

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 24th

Sio Selvini M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Address, Cor Gay & Hoffman Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Edwd Smith

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 2 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Sharp St Court between Hill & York Sts

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,) Neglect }

Duration of Last Sickness, Nearly three weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Nov 23 '78

Undertaker, F. A. Kershaw

Place of Business, Carroll to Ave

Edward Ball M.D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22, 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Collier

~~Sex,~~ Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~7 in Kind 45 Years,~~ Supposed ~~Months,~~ ~~Days.~~

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, Unknown

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } Balto. City Jail

Cause of Death, { First (Primary,) Apoplexy. Supposed

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Nov. 23rd 1878

J. H. Houck, M. D.
Medical Attendant.

{ *Undertaker,* P. Mullin
{ *Place of Business,* Combridge's *Address* 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 a 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Walter

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 94 S. Bethel St

Cause of Death, {First (Primary,)} Meningitis (Or)

{Second (Immediate,)}

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 23 1878

Undertaker, Geo T Doue

Place of Business, Dallas St

E H Lattobe M. D.

Medical Attendant.

Address, 18 E Professional

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Nov. 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet O'Connell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 1 Abraham St

Cause of Death { First, (Primary,) Acute Laryngitis accompanied
Second, (Immediate,) with Bronchitis,

Duration of last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 24 1878

Undertaker, James P Byrne

Place of Business, No 63 So Front St

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 E Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabriella Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Mahogan (Ireland)

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial,

Undertaker, Henry Schultheis

Place of Business,

James A Steen M.D.

Address Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by D. McCollister

[OVER.]

No. 21[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 10 Am 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gray

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lobbs Co Md

Duration of Residence in the City of Baltimore, 57 yrs

Place of Death, {Give street and number} 7 Philpot alley

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Old age

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Glen

Date of Burial, Nov 24th

Thos Shepherd M. D.
Medical Attendant.

Undertaker, Thos J. Locke

Place of Business, 73 Lombard St *Address,* 11 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28793.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } Eden St,

Cause of Death, { First, (Primary,) Unknown. / Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 23 1878

{ *Undertaker,* P Mullin / *Place of Business,* E P C.

D. C. Ireland M. D.
Medical Attendant.

Address, Corner E. Fat.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Warner

NOV 1878 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* 10 *Months,* *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Packer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [redacted] Carroll Co

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 81 McHenry St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Four (4) hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, Nov 29

Undertaker, P B Cook

Place of Business, 227 West Pratt St

D L Spicer *M. D.*
Medical Attendant.

Address, 375 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 23 1878 BALTIMORE MD.

Date of Death, Nov 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary~~ Harriet Lewis

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Calvert & Mulberry Sts

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Nov 25th 1878

Undertaker, Jas P. Bayne

Place of Business, Front St

Chas A Doyne M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele V Jackson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 166 N. High St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthisis Pulmonalis 8 mos

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 25th 1878

Undertaker, Henry W. Mears

Place of Business, 115 N Eutaw St

Thos S Latimer M.D.

Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evans Emory

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 9 Years, 3 Months, 19 Days

Color, White

~~*Married, Single, Widower or Widow,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 916 N. Eden st

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) 15 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 25th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Thomas D. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha R Hudson

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 9 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Going to School

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 553 E Fayette st

Cause of Death, First (Primary,) A Severe Burn

Second (Immediate,) Prostration & Exhaustion

Duration of Last Sickness, About 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 26th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

J. Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l Holmes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 1 *Days.*

Color, c d

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 119 Harmony Lane

Cause of Death {First, (Primary,) Pneumonia Abscedens

{Second, (Immediate,)

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Co. Cemetery

Date of Burial, Nov. 25. 78

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

John [illegible] M. D.
Medical Attendant.

Address, 558 W. Fayette St.

NOV 23 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Jordan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, wagon driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 40 Charlton St

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 25 1878

Undertaker, S. W. Shaw

Place of Business, 8 Howard St

C. W. Chaddock M. D.
Medical Attendant.

Address 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Richie

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} #369 N. Bond St.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Apnoea

Duration of last Sickness, Not Known (over)

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Lodge Pa.

Date of Burial, 24 of November

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Adam Find

Place of Business, 461 Pratt Boy

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit No. 12414

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 25 1878

CERTIFICATE OF DEATH.

Date of Death, Nov^r 23^rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hopkins Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 7 *Months,* 8 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 27. E. Hoffman St E. of Guy St

Cause of Death, First (Primary,) Hereditary predisposition

Second (Immediate,) Phthisis Trach

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Dallo. Cem^e

Date of Burial, Nov. 26^th 1878

Undertaker, Frey & Bro.

Place of Business, Broadway & Lay^de

H. A. McManus M. D.

Medical Attendant.

Address 11. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Oliver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 mon *Days.*

Color, Yellow *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Seven days

Place of Death, {Give street and number.} # 176 Chemist alley,

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Convulsions

Duration of Last Sickness, twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 25 Nov

Undertaker, P. Kümmel

Place of Business, 311 Mulberry St

A. K. Larsen *M. D.*
Medical Attendant.

Address Biddle & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Martino

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 52 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, about 52 yrs

Place of Death, {Give street and number.} 50 West St.

Cause of Death, First (Primary,) Cancer of the Womb

Second (Immediate,) about 9 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Ivy.

Date of Burial, November 25th

Undertaker, S. Hall

Place of Business, 711 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Lewis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. of Saratoga & Chatsworth Sts

Cause of Death, {First (Primary,) Inflammation of Kidneys.
Second (Immediate,) 9 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 26th 1878

Undertaker, C. H. Rayzand

Place of Business 201 Baltimore

J. W. C. Cuddy, M.D.
Medical Attendant.

Address 313 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Parker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number} No 24 & Raborg Street

Cause of Death {First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Nov 24th 1878

Undertaker, Jacd. Davis

Place of Business, 103 Lee St.

Chas T Neff M. D.
Medical Attendant.

Address, 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Mueller.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} S. E. Cor. Eutaw & German St.

Cause of Death {First, (Primary,) / Second, (Immediate,)} old age —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 25th Nov.

Undertaker, Ph. Wenrald

Place of Business, No 35 S. Eutaw St.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1878 BALTIMORE

Date of Death, November 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I. Henry Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sugar refiner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number} 8 Wolf St (above Biddle St.)

Cause of Death First, (Primary,) Old Age and Debility —

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov. 25

D. W. Cathell M. D.
Medical Attendant.

Undertaker, Geo Shilling

Place of Business, Aisquith & Monument Sts

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d November 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Wienert

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* ~~ ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~ ~~

Occupation, ~~ ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Canton Avenue 4th

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Set Paulus Cemetery

Date of Burial, Nov 25th 1878

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave.

William Heuel M. D.
Medical Attendant.

Address S. Wolfert, 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 25 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd November 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M Hall

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 Lemmard

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 mon

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov. 26" 1878

Undertaker, Blackstone

Place of Business, W. Balto. St.

H. W. Webb M.D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons supintending the burial, a Certificate setting forth, within forty-eight hours after the death to the as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James S. Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Columbia 1597 N. ~~Front~~ Gaye St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Nov 26

Undertaker, Hickman.

Place of Business,

John Morris M. D.
Medical Attendant.

Address No. 6 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rifle

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} East.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Pine & Vine

Cause of Death, {First (Primary,) Scarletina maligna

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 28th 1878

{*Undertaker,* P. Kennard

Place of Business, Mulberry St

Louis Chas Horn M.D.
Medical Attendant.

Address, 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28793,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Deuges

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 7 *Months,* 28 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 3 Forrest Str

Cause of Death, First (Primary,) Cerebral Haemorrhage

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 25th 1878

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore Street

Wm. H. Hoyden M. D.
Medical Attendant.

Address Carroll P.O. Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ritter

Sex, Male ~~or Female~~. {Cross out the words not required in this line.}

Age, 68 *Years,* 7 *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 55 N. Paca St

Cause of Death, {First (Primary.) Pleurisy

{Second (Immediate,) Pulmonar Infiltration

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Monday Nov 25 4

{*Undertaker,* J Daniel Rosing

{*Place of Business,* 97 Orleans St

Henry Selzer M.D.
Medical Attendant.

Address, 168 W. Lanvan St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28795 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 November 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Louise Fischer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* 9 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East Lombard Street corn South St

Cause of Death, First (Primary,) Chronic croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov. 25

Undertaker, John Teufel

Place of Business, 616 w. Balto St.

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Boots

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 310 South Howard st.

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November the 25 1878

R. M. Hall M. D.
Medical Attendant.

Undertaker, owens & whitely

Place of Business, 225 S. Eutaw st

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28797

VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY DEPT. NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Elizabeth~~ Eberly

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 325 E. Monument St.

Cause of Death, First (Primary,) Cancer ventriculi.

Second (Immediate,) Cachexia.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 26 November

Undertaker, Christopher Hesse

Place of Business, 141 Low Street

Henry Salzer M.D.
Medical Attendant.

Address, 165 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. NOV 25 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George T. Callaghan (Callaghan)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Five *Months,* — *Days.*

Color, White *Sex,* —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, — Two years.

Place of Death, {Give street and number.} No. 34 Marion st.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Thirty Six hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery — T. B. Gardner **M. D.**

Date of Burial, Nov 25th 1878 Medical Attendant.

Undertaker, John Thacker *Address* 120 N. Greene st.

Place of Business, Park & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28799

The Physician who attended any person in a last illness is re-ponsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Cromwell

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 53 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 N Poppleton

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 4 4

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov. 26/78

Undertaker, Haigh & Co

Place of Business, 550 W Fayette St

Thomas Opie M.D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Carroll D

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 239 Cary St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Nov 26/78

Undertaker, Hughes V a

Place of Business, 550 W. Fayette St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Laurel 12446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 28801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roza Spiegel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 6 mos ~~#6.20~~ [illegible]

Duration of Residence in the City of Baltimore, 6 mos [illegible]

Place of Death, {Give street and number} No 11/2 Second Street

Cause of Death, {First, (Primary.)} Accidental fall, down stairs

{Second, (Immediate.)} Fracture Cervical Spine

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 24th 1878

Undertaker, H. Kohler

Place of Business, 224 E Lombard

Edmund R Walker *M. D.*

~~Medical Attendant.~~

Address, Corner Mt P2

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis C. Jordan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 67 Years, 10 Months, ... Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Fruit and Candy Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 288 Hanover st.

Cause of Death { First, (Primary,) Has had rheumatism for 9 days
Second, (Immediate,) Heart Disease and Asthma

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov. 26th 1878

{ Undertaker, Wm. H. Hutchinson
Place of Business, 1223 1/2 Md

R. M. Hare M.D. M. D.
Medical Attendant.

Address, 262 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE

Date of Death, Nov. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ellicott City

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 64 Orchard st

Cause of Death, {First (Primary,) Epithelioma / Second (Immediate,)}

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanor or Cemetery

Date of Burial, Nov 26 1878

E. C. Williams M. D.
Medical Attendant.

{*Undertaker,* S W Chase / *Place of Business,* 8 Howard st} *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25/878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Ruppenstine

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* 4 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 48 Prescident St

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Phthisis Pulmonalis

Duration of last Sickness, Seveare Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, November 26th

A. Gregor Shertzer M. D.
Medical Attendant.

Undertaker, M. Funk

Place of Business, No 35 Bunker *Address,* 11 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DELANY & CO. CITY PRINTERS AND STATIONERS

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Parlmer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 10 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 35 George St alley

Cause of Death, First (Primary,)

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W S Bonnie *M. D.*

Date of Burial, Nov 25 1878 Medical Attendant.

Undertaker, L Davis

Place of Business, Lee St *Address* North Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 25, 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Moffatt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Harrison Avenue 118

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Apoplexy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt County *J. H. R. Nolpe* M. D.

Medical Attendant.

Date of Burial, 26 Nov 1878

Undertaker, C. Eckhart *Address* 288 Gilmor St

Place of Business, 269 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov[r] 23[rd] 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wylie

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 84[th] year ~~Years~~, ~~Months~~, ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Formerly a Manufacturer of domestic goods; Latterly attending to his income

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number} #96 N. Fremont St.

Cause of Death First, (Primary,) Valvular disease of Heart.

Second, (Immediate,) Hepatic Torpor, & congestive Colitis.

Duration of last Sickness, Two years

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 26[th] 1878

Undertaker, Stewart & Brower

Place of Business, 35 Park ave

P. J. Knight M. D.
Medical Attendant.

Address, 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE. NOV 25 1878

Date of Death, Nov 25-78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Spriggs

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Natin

Place of Death, {Give street and number.} W B Mates Court

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Over Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26 1878

{*Undertaker,* W. H. Bishop

Place of Business, 5 Mill Ave

W W Perkins *M.D.*

Medical Attendant.

Address. 192 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shaw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 days *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Fisherman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 11 Lynnhaven St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Debility

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto County Wm Sigmund *M. D.*

Date of Burial, Nov 27th 78 Medical Attendant.

Undertaker, Thos D Hughes Address

Place of Business, 611 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meier

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* 26 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 203 S Wolf St

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 27 Nov 1878

D W Cathell M. D.
Medical Attendant.

Undertaker, John C. Gluck

Place of Business, 265 Lee-avenue *Address,* 210 Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Burchel

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Saloon Keeper

Birthplace, { State or country, (and) how long in the United States, if of foreign birth. } Germany 15 year

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 24 n. Caroline

Cause of Death { First, (Primary.) Invagination (Intussusception) / Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 26/78

Undertaker, J. J. Hussey

Place of Business, 94 Orleans st. *Address,* 245 S. Baltimore

J. Slattery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 83 Chestnut st

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26

Undertaker, Abraham Wagaman

Place of Business, 13 Saratoga st

A P P Craig M. D.
Medical Attendant.

Address 183 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28813.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hodgkin Woods

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 129 S. Stricker St

Cause of Death {First, (Primary,) A

Second, (Immediate,) Genl Paralysis

Duration of last Sickness, about 5 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov 27th 1878

Undertaker, J B Loch

Place of Business, No 707 W Baltimore Street

J R McGinnis M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28814

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Estelle Plunkett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* × *Months,* × *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 35 west Eager st

Cause of Death, {First (Primary,) Malegnant Diphtheria
Second (Immediate,)}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov 27 - 1878

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St.

Reggie Buckler M. D.
Medical Attendant.

Address 135 N Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phebe North

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co., Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 55 Warren St.

Cause of Death, First (Primary,) Cancer (epithelioma)
Second (Immediate,) of the uterus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 26th 1878

Undertaker, Wm Ty Deng

Place of Business, 265 Light St

W. J. Howard M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 26 1878 BALTIMORE

Date of Death, November 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Riley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 7 *Years,* 1 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Living days

Place of Death, { Give street and number } 224 Hollins st.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 26th 1878

O. A. Forbes M. D.
Medical Attendant.

Undertaker, H B Cook

Place of Business, No 758 W Baltimore Street

Address, 258 S. Stanford st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 26 1878 BALTIMORE

Date of Death, Nov. 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenzo Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Franklintown Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 8 Foremans Court

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, W. Public Cemetery James Bowley M. D.

Date of Burial, Nov 26 1878 Medical Attendant.

Undertaker, F. A Kershaw

Place of Business, Carrollton Ave *Address* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH OFFICE NOV 26 1878 BALTIMORE

Date of Death, Nov. 25th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Volkmar

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } ~~#~~ 63 Gough St.

Cause of Death, { First, (Primary.) / Second, (Immediate,) } Membranous Croup.

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 26

Aug. H. Emich M. D.
Medical Attendant.

{ *Undertaker,* W. J. Dilfer
Place of Business, 151 S. Broad St. } *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on P

Board of Health, City of Baltimore,

Permit No. 28819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lary Abell

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 216 Lee St

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 29th 1878

Theodore Cook M. D.
Medical Attendant.

Undertaker, Wm J. Dickson

Place of Business, 65 S. Eutaw

Address, 126 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28820 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Debbie Hart

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy-three *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* —

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow,

Occupation, Cook,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co,

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give street and number.} No. 3. Perry alley,

Cause of Death, First (Primary,) age —

Second (Immediate,) Paralysis.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, *Date of Burial,* Tuesday 26 J. B. Gardner M. D.

Medical Attendant.

Undertaker, James Burkston

Place of Business, Orchard St *Address* 120 n. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rich. Anderson.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shipsmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 142 S. Wheat. St.

Cause of Death, First, (Primary.) Cardiac Hemiplegia

Second, (Immediate,) Anasarca

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Novem 28th 1878 Chas. G. Lee M. D.

Medical Attendant.

Undertaker, Heughes & Co

Place of Business, 65 S. Broadway *Address,* Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov under 25 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Burt Wolfe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 336 Lanvale St

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov 25 1878

Undertaker, W. Jenkins Son

Place of Business, 16 Light St

Dr. W. H. Green M. D.

Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28823 OFFICE OF REGISTRAR OF VITAL [illegible].

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou Douglas Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nashville, Tennessee

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 273 N. Charles St

Cause of Death, {First (Primary,) Typhoid fever. Second (Immediate,)

Duration of Last Sickness, about 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 28th Nov 1878

W. T. Howard M. D.
Medical Attendant.

Undertaker, Hy. W. Jenkins & Son

Place of Business, 16 Light St *Address* 161 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 28824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. NOV 27 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 Nov 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Parker Post

Sex, Male or Female, {cross out the word not required in this line.} femail

Age, 9 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, No

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 98 West Monument,

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) " "

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 29th Nov 1878

Undertaker, [illegible]

Place of Business, 416 Light St

L Duncan M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 28825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma B Heare

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 08 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number} 116 n Enson & East pl —

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) Apnea, from Extension of disease into Bronchia

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, November 27th 1878

Undertaker, Wm H. Hausman

Place of Business, 224 Jas

D N Cathell. M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore

Permit No. 28826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dreas Kell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 84 Years

Place of Death, {Give street and number} 54 S. Schroeder

Cause of Death, {First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 28th 1878

Undertaker, J. B. Loch

Place of Business, 1207 W. Baltimore Street

A. A. Dieu M. D.
Medical Attendant.

Address, 37 S. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimo

Permit No. 28827

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 Jan, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Rooney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.* 13

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 66 Russell S

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 66 ~~Light St~~ Russell St

Cause of Death {First, (Primary,) ——— Second, (Immediate,)} Atelectasis Pulmonum

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedrale

Date of Burial, Nov 27th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 16 Hanover S.

Geo. H. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 28828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 27 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 '78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H L Courtney

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* 11 *Months,* 26 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 621 Eight St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Membranous croup

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 28 1878

Undertaker, Julius Kohler

Place of Business, 360 S Sharp St

J Hanney M. D.
Medical Attendant.

Address, 76 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Rule [illegible]

Board of Health, City of Baltimore

Permit No. 28829

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma R. Clark

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, One (1) *Years,* Three (3) *Months,* four (4) *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} # 27 Clinton Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 27th 1878

Undertaker, Chas T Scriven

Place of Business, 2 W Baltimore St *Address,* # 584 W Fayette st

J. G. Lithicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28830

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dorsey Coale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 215 Madison Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 28th 1878

Undertaker, John J Andrews

Place of Business, No 426 Druid Hill Ave

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases or [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 28831

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dugan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland — 17 years in U S

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 57 S Paul st

Cause of Death, First, (Primary,) Intemperance & Delirium Tremens

Second, (Immediate,) Pneumonia (first stage)

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 27th 1878

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 415 N Gay st | *Address,* Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 28832

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 26 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Carrihan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Irelands

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number} 136 S Eutaw St

Cause of Death First, (Primary,)

Second, (Immediate,) Dropsy Carditis

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Nov 28th 1878

Undertaker, Jos H Bayne

Place of Business, 57 N Liberty St

J H Harney M. D.
Medical Attendant.

Address, 76 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimor

Permit No. 28833

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 / 98

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Eldane

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 125 N. Eden st

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlet. fever

Duration of last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 29 1898

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edward P McDevitt M. D.
Medical Attendant.

Address, 137 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reports Below, and to List of Diseases [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 28834

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LITHOGRAPHED 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } [illegible]

Sex, Male or Female, { cross out the word not required in this line. } [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Can.

Date of Burial, Nov 28th '78

Undertaker, A. France

Place of Business, 280 Canton Ave

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 28835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. L. Pushwood Lake

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, In (2) *Years,* Two (2) *Months,* Five (5) *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } # 113 Edmondson Ave.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Congestion of the brain

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Combridge Md

Date of Burial, Nov 27 1878

J. G. Linthicum M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penn Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons snperintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Transcript 1248

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

Date of Death, 27 November 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death {First, (Primary,) Marasmus / Second, (Immediate,) Spasm

Duration of last Sickness, From admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 29. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Martury Brewer M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Turner

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 1½ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number } 291 S. Frederick

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shorter

Date of Burial, Nov 27th 78

Undertaker, Jones

Place of Business, 103 Lee st

Shriver Orie E. M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Kilgig

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 — *Years,* — *Months,* 12 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 174 Eastern Avenue

Cause of Death, {First (Primary,) Stomachitis
Second (Immediate,)}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Balto cemetery

Date of Burial, Nov 29th 78

Undertaker, Wm Dibbell

Place of Business, Bond St

H C Nelson M. D.
Medical Attendant.

Address No 8 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Doile

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty three *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wexford Ireland

Duration of Residence in the City of Baltimore, twenty five years

Place of Death, {Give street and number} S. Scott St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Debility

Duration of last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov 28th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Eager *Address,*

T. F. McCormick *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 28840

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth E Moyer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Years Birth

Place of Death, {Give street and number} 382 Williams St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Ft Mcpherson Ga

Date of Burial, November 29th. Sherlock Cox M. D.

Medical Attendant.

Undertaker, B Mark

Place of Business, [illegible] *Address,* 446 Shroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 28841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wolfenden

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 151 Sharp St

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Asthma & Dropsy

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 29 .. [illegible] M. D.

Medical Attendant.

Undertaker, B. Flake

Place of Business, 411 Light St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Holland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 22, Edward St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) ~~1 day~~ 3

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Nov 28th 1878

Undertaker, Theo J Locke

Place of Business, 76 Jefferson St

E Hall Rutledge M. D.
Medical Attendant.

Address 151 Argyle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28843 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wember 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis P. Neville

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} No 64 Hudson st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, H. C. Holy Cross Cemetery

Date of Burial, Nov 28th 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

H. P. Yeatis M. D.
Medical Attendant.

Address 133 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on b...

Board of Health, City of Baltimore,

Permit No. 28844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Jenning

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, C

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, N

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 188½ Eyan Pl

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27. 1878

Undertaker, S W Chase

Place of Business, S Howard St

Geo E Gayler ~~M. D.~~ Medical Attendant.

Sanitary Inspector *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28845 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

Date of Death, Nov: 27th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Rullan Beard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ~~Married~~ - ~~Widow~~

Occupation, Scholar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 North Paca St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Uraemic Poisoning

Duration of Last Sickness, About 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 28th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address*

H. H. Miller M. D.
Medical Attendant.

No Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1878

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Shields

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Sixty Eight *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 8 N. Fremont Street

Cause of Death {First, (Primary,) Typhoid Fever

{Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29th 1878

Undertaker, Jos F. Lanie

Place of Business, 568 W. Balto St

Chas W. Reese *M. D.*
Medical Attendant.

Address, 308 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Nov. 27th, 12:15 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Wiggins

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 54 *Years,* 4 *Months,* 19 *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Sold in the Market

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 70 Perry Street.

Cause of Death, First (Primary,) Arterial degeneration

Second (Immediate,) Apoplexy

Duration of Last Sickness, About Eighteen Months, about two hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 28th

Undertaker, John L. Thacker

Place of Business, Camden & Paca St.

Dr. Holdridge M.D.

Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Griffin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Balto & Davis

Cause of Death {First, (Primary,) } {Second, (Immediate,)} Inanition

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 28th 1878

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker, J O Byrne

Place of Business, Fayette St

Address, 137 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 28845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Griffin

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, ... *Years,* ..... 3 *Months,* ..... 12 ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number } Cor Balto & Davis.

Cause of Death { First, (Primary.) Catarrh. / Second, (Immediate,) ~

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 28th 1878

Edward M Davis M. D.
Medical Attendant.

Undertaker, J P Byrne

Place of Business, Home Ave

Address, 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edgar Frame

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 29 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In 57 N. Gilmour St Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} In 59 N. Gilmour St B. C.

Cause of Death, First (Primary,) ———

Second (Immediate) Diphtheria

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, Nov 29th 1878 Pembroke W. Hamble M. D.
Medical Attendant.

Undertaker, S. M. Leonard & Bro

Place of Business, 782 W. Baltimore Address No 203 N. Fenton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 3 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cunningham

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Comission Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number} 111 S. Fulton St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cathedral

Date of Burial, Nov 29th 1878

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

John L. Tiler M. D.
Medical Attendant.

Address, 81 N. Eutaw. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

Date of Death, November 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bunard E. Amigo

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 377 E. Fayette St

Cause of Death, First (Primary,) Melancholia

Second (Immediate,) Inanition

Duration of Last Sickness, About four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 30th 1878

F. F. Miles, *M. D.*
Medical Attendant.

Undertaker, J. J. Chalmers & Bennett

Place of Business, 233 E. Baltimore St *Address* 24 Cathedral St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 28853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses New

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Sixteenth Str

Cause of Death, {First (Primary,) Gastro-enteritis / Second (Immediate,)}

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, Nov. 29th 1878.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address* 254 N. Caroline Str

Drs. Arnold & Aronsohn ~~M. D.~~
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Kay

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* 0 *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer or Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number} No 5 Clinton Ave

Cause of Death, First, (Primary,) Confinement

Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November 29th

Undertaker, W. W. Madden

Place of Business, 335 N. Howard St

L. F. Cohen M. D.
Medical Attendant.

Address, Cor Dolphin & Ko's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 28833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Bendon

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Sixty Two *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number} 387 Canton Avenue

Cause of Death, First, (Primary.)

Second, (Immediate,) Asthma

Duration of last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 29th

Undertaker, H. Boehlke

Place of Business, 246 Eastern Ave

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 267 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 28856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Not George Schelhaus

Sex, Male or Female, { cross out the word not required in this line. } —

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } E 3 Read St

Cause of Death, { First, (Primary,) — / Second, (Immediate,) Convulsions

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29th

Undertaker, Julius Köeler

Place of Business, Corner of Hamburg & Eden sts

Theodore Cator M. D.
Medical Attendant.

Address, 146 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Moss

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 246 Lombard St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) ____

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 30th 1878

M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 29 1878 BALTIMORE

Date of Death, Nov 27/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hary

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — Years, — Months, 1 Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 188 Montgomery

Cause of Death { First, (Primary,) Difficult birth
Second, (Immediate,) Debility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Nov 29th 1878

{ Undertaker, C. F. Krause
{ Place of Business, 209 Hanover

L. Thomas M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...urnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE

Date of Death, November 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Pritchard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 9 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 340 W. Pratt St.

Cause of Death, First (Primary,) ~~Tubercular Meningitis~~ Paralysis C

Second (Immediate,) Tubercular Meningitis — Paralysis C

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 29th

Robert H Griffin M.D.
Medical Attendant.

Undertaker, F. A. Foll

Place of Business, #631 Hanover St

Address 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

C

Permit No. 28860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Omealey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labrer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West ports Ireland

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} No. 86 Richmond St.

Cause of Death, First (Primary,) Asthma.

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, Nov 29th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N. Gaun St

S. K. Merrick M. D.
Medical Attendant.

Address 131 Aisquith St.

HEALTH DEPARTMENT NOV 29 1878 BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle Sedeser

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 169 N. Gay str

Cause of Death, First (Primary,) Stricture of the oesophagus

Second (Immediate,) 2

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Ohab Shalam Cemetery

Date of Burial, Nov 29th 78

Undertaker, Wm Eilau

Place of Business, 101 Gough st

A. Aronsohn *M. D.*
Medical Attendant.

Address 254 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 28862

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 29 1878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H. McCoy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 weeks - Last —

Place of Death, {Give street and number} 277 E. Biddle St

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,) "

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 29th 1878

James H Means M. D.
~~Medical Attendant.~~

Undertaker, H. W. Means

Place of Business, 45 N. Gays *Address,* Com of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John A. Coulter [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1878 5 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William R. Ambrose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 11 *Months,* 12 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 205 Woodward St Balt. City

Cause of Death, First (Primary,) Lead Poison

Second (Immediate,)

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 29th 1878. C. C. Richardson M. D.

Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore str. *Address* 302 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. NOV 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Moran

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 64 Essex St

Cause of Death First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

Duration of last Sickness, Will about Life more or less

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Nov 29 1878

Undertaker, H. M. Sidmore

Place of Business, Conten Ave

James A Steuart M. D.
Medical Attendant

Address, Comm of Healt Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Rev E. Taylor

Board of Health, City of Baltimore,

Permit No. 28865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday. Nov. 29th - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Adams Thompson

Sex, Male or Female, {Cross out the words not required in this line.} Male Female

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 289 Lombard St.

Cause of Death, {First (Primary,) Premature birth.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 31st, 1878

Undertaker, Chas. H. Eichman

Place of Business, 234 E. Gay St.

Wilmer Bintoe M.D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk O'Rourke

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (31 yrs in America

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Cancer of Liver

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Probably a year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 29th 1878

{*Undertaker,* Henry Hoech

{*Place of Business,* Canal St.

Chas Nevin M.D.
Medical Attendant.

Address, 185 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Comer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Ten (10) *Months,* Twenty Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co. of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Stockholm Court

Cause of Death, First (Primary,) Gastro Enteritis. (Drumhead)

Second (Immediate,) Marasmus

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Alfonsus Cemetery

Date of Burial, Nov. 30, 1878

Medical Attendant. M. D.

Undertaker, Phil. J. Dice

Place of Business, 183 Columbia Ave *Address* 1 to Sun L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28868

HEALTH DEPT. NOV 29 1878 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Barrittee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None. —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, All of her life

Place of Death, {Give street and number.} 81 George St - Balto.

Cause of Death, First (Primary,) Sarcoma of Breast. —

Second (Immediate,) Toxemia Consequent upon its removal

Duration of Last Sickness, Six days since operation. —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 1st 1878

Henry Stuart Stuart M. D.
Medical Attendant.

{*Undertaker,* Thos D Hughes
Place of Business, 60 E Balto} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1878 THE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th November 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M Hoban

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 29th 1878

Undertaker, James L Byrne

Place of Business, No 63 Mt Front St

J N Webster M.D.
Medical Attendant.

Address, 67 Byrne

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1878 REGISTRATION

Date of Death, Nov 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eveline Cunningham

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 295 - Eastern Ave

Cause of Death, {First (Primary,) Debilitas. Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 30th 78

{*Undertaker,* Wm James Gray

Place of Business, 65 Mulberry st

W. C. Van Bibber M. D.
Medical Attendant.

Address 449 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 30 1878 HEALTH DEPARTMENT BALTIMORE

Date of Death, December 29, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Washington Agusta Hankel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 29 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 419 E. Eager St

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1st December

Undertaker, Adam Fink

Place of Business, 461 Pratt Gaz

W. W. White, M. D.
Medical Attendant.

Address 241 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 30 1878

Date of Death, Nov. 28 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hankins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annarundal Co. Md.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 682 Saratoga St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, A. A. County Md.

Date of Burial, Dec. 1st 1878

{*Undertaker,* John L Thacker

Place of Business, Park & Fayette

Philip Winter Sr M. D.
Medical Attendant.

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1878 12 M. A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhard Helling

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty 50 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blasting Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 248 North Canal Street

Cause of Death, First, (Primary,) Bronchitis & Gastritis Chronica

Second, (Immediate,) Marasmus.

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Dec 2 1878

J W Selvers M. D.
Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 304 Canton Ave

Address, Corner Hartford & Ash

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Lewry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 80 N. Front St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,) asthenia

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Md

Date of Burial, Nov 30 1878

{ *Undertaker,* Jas P. Byrne
{ *Place of Business,* Front St.

Thos A Glenn M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by - John H. Coulbourn

OAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P Frasil

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 86 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coach Trimmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, About 60 years

Place of Death, {Give street and number} 497 Lexington st

Cause of Death, First, (Primary,) Old age and general debility

Second, (Immediate,)

Duration of last Sickness, Has been complaining for the past 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 1st 78

J Darling M. D.
Medical Attendant.

{Undertaker, Fry & Bro

{Place of Business, 574 W Broadway Address, 252 Lexington st

NOV 30 1878

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 28876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 30 1878

Date of Death, Nov. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Kinsbrow

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, since Boyhood

Place of Death, {Give street and number} 4 Low Alley

Cause of Death, First, (Primary,) Don't know - did not attend Pt.

Second, (Immediate,) Edema pia

Duration of last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30

Undertaker, Theodore J Lock

Place of Business, 56 Jefferson St

Lewis E. Dennis M. D.
Medical Attendant.

Address, 199 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Roth.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Wh -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 427 Cross St.

Cause of Death First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Westernzemetare

Date of Burial, December 1st

Undertaker, F Pohe.

Place of Business, 425 Cross street

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene A Boswell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery County Md

Duration of Residence in the City of Baltimore, Almost 10 years

Place of Death, {Give street and number} 263 Lexington st

Cause of Death, {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Almost 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 1st 1878

Undertaker, John D Keener

Place of Business, [illegible]

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Linden Worsam

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, One (1) *Years,* 7 (Seven) *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 114 Gough St.

Cause of Death, First, (Primary,) Acute Laryngitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 1th 1878

John L. Smith M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave *Address,* No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 28880

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 30 1878

Date of Death, November 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John St. Abby

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 24 *Years,* *~~Months~~,* *~~Days~~*

~~Color~~ White

~~Married~~, *Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, in Drug Co

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City, Md

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 114 William St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Consumption

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 1st 1878

Undertaker, Hendry & Denny

Place of Business, 263 Light St

H Mowell M. D.
Medical Attendant.

Address, No 36 Davis St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonso Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Bar Tender

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number} 106 Vath St.

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1. 1878

Undertaker, S. W. Shaw

Place of Business, 8 Howard St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28882 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Gillespie

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* X *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Single~~

Occupation, ~~Child~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 229 Aliceanna St.

Cause of Death, { First (Primary,) 2m Syphilis

Second (Immediate,) Eczema

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, November 30th 1878

Undertaker, Leonhard Kurz

Place of Business, S. Bond St. No. 277.

H. T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary ~~186 Aisquith St~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTER DEPUTY CLERK NOV 30 1878 BALTIMORE

Date of Death, Nov. 29. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Chambers

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 2 Lute alley

Cause of Death First, (Primary.) Rh theus

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem J. L. Powell

Date of Burial, Nov 30 1878 *M. D.*

Medical Attendant.

Undertaker, Wm Jas Gray

Place of Business, Mulberry St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aberrilla Lowdenslager

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. co. md.

Duration of Residence in the City of Baltimore, About one year

Place of Death, {Give street and number} 244 S. Eutaw

Cause of Death, First, (Primary,) Scarletina Maligna

Second, (Immediate,) Uraemic Convulsion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Dec 1st

Undertaker, John B. Blacklidge & Son

Place of Business, 220 W. Baltimore

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E. Spainor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 1 *Months,* 8 11/15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elk Ridge Howard County

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 52 Poppleton

Cause of Death, First (Primary,) Extensively Burned cook stove

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Howard Co

Date of Burial, December 2d

Undertaker, John B. Blanchard & Son

Place of Business, 606 W. Baltimore St *Address*

D. P Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29/1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisie Alma Dillen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Hanover ave

Cause of Death, ~~First (Primary,)~~ Pneumonia

~~Second (Immediate,)~~ attended with Gastritis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Met Olivet Cemetery

Date of Burial, Dec 1 78

Undertaker, Armstrong and Denny

Place of Business,

H B Noble M. D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard J Butts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White ~~Sex~~;

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 326 N Eden St.

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 2nd 1878

Undertaker, Chas. H. Hookman

Place of Business, 234 E. Grey St.

H. W. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of ... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1878 BALTIMORE

Date of Death, Thursday Nov 28 15, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard W. Boulden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 5 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Four months.

Place of Death, {Give street and number} 106 Exeter St.

Cause of Death First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, Life time.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Dec 1st 78

Undertaker, Wm J Bingee

Place of Business, 1062 East, St

Wilmer Brinton M. D.
Medical Attendant.

Address, 20½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, all 25 yrs

Place of Death, {Give street and number.} 1110 E Durham st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, all time

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Geo. L Kenemon M. D.

Date of Burial, December 1st 1878 Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 73 Jefferson st *Address* 73 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 of Nov. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Lendenschmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Frederick St.

Cause of Death, First (Primary,) Dysentery cramps

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Monday 10-11.

Undertaker, John Hunter

Place of Business, 386 Orleans St.

G. B. Hellmann M. D.

Medical Attendant.

Address 120 Saint P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT DEC 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha McElroy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or~~ Widow, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 145 N. Eutaw Street

Cause of Death, First (Primary,) Gastro-Duodenitis

Second (Immediate,) "

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 2 1878

D. H. Wilson M. D.
Medical Attendant.

Undertaker, C. T. Scriven

Place of Business, Eutaw St *Address* 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Stein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 65 Munroe St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Dec 3rd

Undertaker, John P Saulus

Place of Business, 66 Fred'k

James Cooley M. D.

Medical Attendant.

Address 317 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28893.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bromwell.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Tobacco stick, Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 8 days. (Visiting the city)

Place of Death, {Give street and number} 7 Poultney St.

Cause of Death, First, (Primary.) (

Second, (Immediate,) Pneumonia.

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Tobacco stick, Dor. Co. Md.

Date of Burial, Dec 2d 1878.

Undertaker, Armstrong & Denney

Place of Business, Montgomery & Light Sts

R. J. H. Tall M. D.
Medical Attendant.

Address, 152. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1281

Board of Health, City of Baltimore,

Permit No. 28894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Harriet L. Poe

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 111. Park Ave

Cause of Death, {First (Primary,) Paraplegia due to

{Second (Immediate,) Carcinoma of the Spine

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 2nd 1878

Undertaker, H. & W. Jenkins & Son

Place of Business, 16 Light St.

Edwd F. Michael M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the special attention of Ph... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weber

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 50 *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married, Single,* Widow or ~~*Widower,*~~~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 65 N. Exeter

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 2

Undertaker, Wm H Hackman

Place of Business,

A. B. Arnold M. D.
Medical Attendant.

Address, 7 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McManus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 1 Eastman St

Cause of Death, {First (Primary,) Catarrh / Second (Immediate,)}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, December 2d

Silas H. Hunter M. D.
Medical Attendant.

{*Undertaker,* H. C. Waidefeld / *Place of Business,* 90 Greenmount Ave} *Address* 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Harig

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* 22 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number} 188 Montgomery

Cause of Death {First, (Primary,) Puerperal process

Second, (Immediate,) Metritis Puerperalis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 3d 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

L Lindenz M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Collis Urquhart

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Second, (Immediate,) } Malignant Carbuncle

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem.

Date of Burial, Dec 2nd 1878

Undertaker, C. F. Krauze

Place of Business, 209 Hanover *Address,*

T. L. Powell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

Date of Death, Nov 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Willoughby

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and number} 67 Asbury St.

Cause of Death First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 2nd Dec 1878

Undertaker, H. W. Dukes & Son

Place of Business, 16 Light St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 90 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Waxford (Ireland)

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} old age

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 3rd 1878

{Undertaker, Henry Schultheis / Place of Business,} Address

P. A. Adams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

28901

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Jackel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 26 Gittings st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 3rd / 18 Theodore Cook M. D.

Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 146 Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 78 ~~John Thomas Dempf~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wm Gerhardt

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 29 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number} 154 Mott

Cause of Death {First, (Primary,) Second, (Immediate,)} Diphtheria

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem'y

Date of Burial, December 3rd 1878

Undertaker, Charles F. Herrold

Place of Business, 170 S Sharp st

R. L. N. Tall *M. D.*
Medical Attendant.

Address, 152 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa & Adam Brown (Parents)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 225 William St

Cause of Death {First, (Primary,) ———
Second, (Immediate,) Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 2 1878

Undertaker, B. Hearle

Place of Business, Light St

Thos H Kinnard M. D.
~~Medical Attendant~~

Address, Com of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by. D. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28904

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. E. Parry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 73 Bank St.

Cause of Death {First, (Primary,) Trismus Nascentium

{Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 2 1878

{*Undertaker,* W. C. Hutchinson

{*Place of Business,* 179 S Bond St

L. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann R. Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 153 North Carey St Baltimore City

Cause of Death, First (Primary,) dropsy.

Second (Immediate,)

Duration of Last Sickness, Many Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Dec 3/78

~~Undertaker,~~ Wm. H. Davis M. D.

Medical Attendant.

{*Undertaker,* Stewart & Mowen

Place of Business, 35 Park} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 2 1878 BALTIMORE

Date of Death, Nov. 30. 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rach. Ann Hall

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 33 Years, ——— Months, ——— Days.

Color, Blk

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 638 Raleigh St

Cause of Death, {First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 2d 1878

{Undertaker, Wm James Gray

{Place of Business, 66 Mulberry St

L. M. Kaufmann M. D.
Medical Attendant.

Address, 524 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Warren

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} don't Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} don't Know

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 2d 1878

{*Undertaker,* Wm James Gray / *Place of Business,* 66 Mulberry St}

J. H. Kline M. D.
Medical Attendant.

Address, 259 Monument ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Graum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} American Hotel Co Calvert & Franklin

Cause of Death, First (Primary,) Unknown (intemperate)

Second (immediate,) Unknown, but certainly not from foul play, sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Germantown Pa

Date of Burial, 2 Dec 2 Oclock

Undertaker, George C Rodemayer

Place of Business, 38 Eason St

Edmund R Walker M. D.
~~Medical Attendant.~~

Address Corner N 9 S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Grant

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 37 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot. County

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} N. 53 King st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3 1878

Undertaker, P. W. Chase

Place of Business, No 178 Howard st

C. L. Buddenbohn M.D.
Medical Attendant.

Address, 66 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Medical Data and Remarks on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec'r 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Quinn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 160 E. Broadway

Cause of Death {First, (Primary,) Asthma

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decbr 3d 1878 Abram B. Arnold M. D.

Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st. A. D. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cooper Edward Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Jackson Pl. Nr Eutaw & Lewis Place

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decbr 3d 1878

James E Donnelly M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,* 29 E Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 2 1878 HEALTH DEPARTMENT BALTIMORE

Permit No. 28912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Campbell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 57 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——— ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give street and number.} No 267 Biddle St. near Druid Hill Av.

Cause of Death, First (Primary,) Cancer of the Breast

Second (Immediate,) ———

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 3 1878

Undertaker, Mathew Corrigan

Place of Business, 230 Druid Hill Av

Penitentiary Dr. Wm. Wood M. D.
Medical Attendant.

Address No 213 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8913

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28913.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Kaun

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One Years, 7 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number} No 112 E. Lombard St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Dec. 3 1878 L. C. Winternitz M. D.

Medical Attendant.

Undertaker, Geo. Elsey

Place of Business, 101 Gough St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hitzel

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 86 *Years,* 1 *Months,* 14 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 40 yrs

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 251 Hollins St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 3rd 1878

~~*Undertaker,*~~ *Sexton,* Henry P. Hitzel

Place of Business, 380 Lexington *Address,*

John A. Steuart M. D.
~~Medical Attendant.~~

Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 1878

Permit No. 28916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Nash

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 88 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 50 Hrd Ave

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 24th 1878 Fred Entelline M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 536 W Fayette St *Address,* 632 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 75 or more *Years,* Not ascertained *Months,* Known *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 43 N. Fulton Ave

Cause of Death {First, (Primary,) Second, (Immediate,)} Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, December 3rd 1878

W. R. Whitehead M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St *Address,* 582 W Fayette St

DEC 3 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dan'l A. Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, C. *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Nativity

Place of Death, {Give street and number.} 7 S. Dallas

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery H. T. Reynolds M. D.

Date of Burial, Dec 3rd 1878 Medical Attendant.

Undertaker, Thos. L. Locke Eastern Dispy

Place of Business, Orleans St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1915

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weigandt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lipl Wurtzbaugh Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 101 Lowndes Bell

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) 0

Duration of last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4

1st Intention M. D.

Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address,* 581 N Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December [redacted]d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grafton Elliott

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Asthma

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 4th 1878

Undertaker, Wm J Andrews

Place of Business, No 426 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Berry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Little Monument St. (no number).

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, December 3d

Undertaker, Wm. W. Madden

Place of Business, 386 N. Howard St.

J. H. Keller M. D.
Medical Attendant.

Address, 20 N. Green St.

HEALTH DEPARTMENT DEC 3 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28921

The Physician who attended any person in a last illness is respousible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 o'clock AM Monday Dec 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O Rourke

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 5 *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cumberland Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 80 Lucas St

Cause of Death, First (Primary,) Congestion of Liver Jaundice

Second (Immediate,) Convulsions Spasm

Duration of Last Sickness, 4 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick Cemetary

Date of Burial, December 3rd 1878

Undertaker, Henry Lawder

Place of Business, 252 Eastern Ave

J Sneland M.D.
Medical Attendant.

Address, 28 O Donnell St

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2' 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Hevig

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 20 *Years,* 8 *Months,* 8 *Days.*

Color, white — *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ind

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 162 W. Lombard St

Cause of Death, First (Primary,) Infiltis & Peritonitis

Second (Immediate,) Apoplexy

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetry

Date of Burial, Dec 3. 78

Undertaker, Theodore J. Locks

Place of Business, 56. Jefferson st

David Streett M. D.

Medical Attendant.

Address 162 W. Lombard St.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. Killmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, W. *Sex,*

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Lead Worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 161 Washington St

Cause of Death, First (Primary,) Plumbism Lead Poison

Second (Immediate,) Colic

Duration of Last Sickness, 7 mos.

All the above information should be furnished by the Physician.

Place of Burial, St alphonsus Cemetary

Date of Burial, Dec 6th 1878

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, John Lake

Place of Business, No 191 E. Balto St *Address* Eastern Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

DEATH DEPARTMENT DEC 3 1878 BALTIMORE

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No 4 Gilbert Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemety

Date of Burial, Dec 3d 1878

Undertaker, F. A. Kershner

Place of Business, Carroll ave

A S Bonie M. D.
Medical Attendant.

Address 9 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A Conway

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

DEC 3 1892 BALTIMORE

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} Community Corp, Penitentiary

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Virginia

Date of Burial, December 4th

Undertaker, Armstrong & Denny

Place of Business, 263 light street

J. L Powell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1253

...k of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kane (Mother)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* One *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 172 North St

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, E. Rebbie cemet

Date of Burial, Dec 3 4 1878

Undertaker, P. Madden

Place of Business, Cambridge St

James A Lewis M. D.

Address, Comm of Health

Physician

HEALTH DEPARTMENT DEC 3 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederik Swann

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Masturbation

Second (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, E. B. Cemetery

Date of Burial, December 3

Undertaker, Patrick Mullin

Place of Business,

D. A. Glenn M.D.
Medical Attendant.

Address, 259 Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

Date of Death, December 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Deexel

~~Sex,~~ Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* — *Months,* 20 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 24 Pine St.

Cause of Death, First (Primary,) Inflammation of bowels & peritoneum

Second (Immediate,) asthenia. —

Duration of Last Sickness, 4 days. —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 4th 1878

Undertaker, Hoy W. Mears

Place of Business, 45 N Gay St

Butterworth M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28929 ~~2829~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2d. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos Bond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Sixty-four *Years,* ——— *Months,* Fifteen *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 40 Belmont Al.

Cause of Death, {First (Primary,) Bright's} {Second (Immediate,) Dropsy — Exhaustion}

Duration of Last Sickness, Any year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 3

Undertaker, C H Blizzard

Place of Business, 201 N. Eut. ave

Dr Lancy H. Barclay M. D.
Medical Attendant.
for Homoeopathic Dispensary
Address 25 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Prendergast

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 28 President St

Cause of Death, First, (Primary.) Scalatina & Lungs

Second, (Immediate.) Laryngitis

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 3d 1878

Undertaker, James A Byrne

Place of Business, No 63 & 65 N Front St

Alex Shorter M. D.
J R Andre
P Dausch
Medical Attendant.

Address, Consulting Physicians

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 28931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

Date of Death, December 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Hale Watson

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 8 years Years, 11 Months, 2 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennfield, New Brunswick.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} Old Liberty Road, in rear Prestman St bet Cary & Woodyear Sts

Cause of Death, First (Primary,) "Pneumonia Typhoides"

Second (Immediate,) " "

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4th 1878

{Undertaker, I. S. Chalmers

{Place of Business, Penna Avenue

A. G. Fox M.D.
Medical Attendant.

Address, 82. N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Herbold

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1126 Lee St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 5th

Undertaker, F. A. Doll

Place of Business, 131 Hanover St

Dr. [illegible] Buddenhorst M.D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28933

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Curran

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 55 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 44 Cracklin st.

Cause of Death, First, (Primary,) Traumatic pneumonia superinduced by fracture of

Second, (Immediate,) ribs and amputation of right leg for compound

Duration of last Sickness, comminuted fracture of ankle joint. — 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Dec. 3. 1878

Undertaker, M. A Dwyer

Place of Business, 74 S. Broadway

P. J. Daniel M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Catharine Purnell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} No 8 State St.

Cause of Death First, (Primary,) Miscarriage 2 to Foetus,

Second, (Immediate,) Puerperal Peritonitis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W P Cemetery

Date of Burial, Dec 3d 1878

Undertaker, Fred C Ackerman

Place of Business, 503 Carrollton Ave

Geo C Ogle Coroner M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Benzing

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* 6 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 258 E. Pratt st.

Cause of Death, First, (Primary,) Pseudomembranous Croup.

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Agathonsus Cem.

Date of Burial, Dec. 4th '78

Undertaker, M. Franey

Place of Business, 280 Canton Ave

L. G. Daniel M. D.

Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore, 28936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathann Magruder

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 109 *Years,* —— *Months,* —— *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Montgomery md

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} 50 Wine St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Prostration}

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 4th 1878

Undertaker, S McChase

Place of Business, No 193 Howard St

J. A. Gillies M. D.
Medical Attendant.

Address, 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The above Record for Sally Comick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3th November 3th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Zeun

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 57 *Years,* 2 *Months,* — *Days*

Color, white.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, storekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} No. 190 Cross Street

Cause of Death, {First (Primary,) Diabetes mellitus

Second (Immediate,) Cachexia

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park. Cem

Date of Burial, Dec 5th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts.

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Lowe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 E Lee

Cause of Death, First (Primary,) Complication of diseases.
Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y Geo. B. Reynolds M. D.
Medical Attendant.

Date of Burial, Dec 4th 1878

Undertaker, Wm Deshiel

Place of Business, Bond St. *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 2 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 61 Chapel St near Hoffman

Cause of Death, First (Primary,) Brain

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, December 4th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

H. W. White, M. D.
Medical Attendant.

Address 741 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbet Rommenk

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

~~Color~~, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} Canton Ave No 186

Cause of Death, First (Primary,) Hepatitis Acute

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, December 4

Date of Burial, Baltimore Cim

Undertaker, Jacob Bucher *Address* E. Dist

Place of Business, 224 Canton Ave

W. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Carrie L Aubert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No – Saratoga Lane

Cause of Death, First (Primary,) Inflammation of Croup

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park H. A. Aubert M. D.

Date of Burial, Dec 4th 1875 Medical Attendant.

Undertaker, C. H. Blizzard *Address* Cor Pratt & Eutaw

Place of Business, Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kugler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* one *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 296 Argyle Ave

Cause of Death, {First (Primary.) Spasms / Second (Immediate.)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 4

Undertaker, J. Slingluff

Place of Business, 234 Pan Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28943.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane Roberts

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 78 Shelby St

Cause of Death First, (Primary,) Organic Disease of the Heart

Second, (Immediate,) Haemoptysis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, Dec 5th 1878

Undertaker, Wm H Hitchman

Place of Business, 234 N Gay St

Thomas Shearer M. D.
Medical Attendant.

Address, 974 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Garrison

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 49 Chesnut alley

Cause of Death, First, (Primary,) Scrofula.

Second, (Immediate,)

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 4th

Undertaker, John C Jordan

Place of Business, Mulberry st

J. Wm. A. Clemm M. D.
Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Inspected by Joseph Vansant

No. 28945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Wolf

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 23 Rue street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Dec 4) 78

Undertaker, Theo J. Lochs

Place of Business, No Jefferson St

G. L. White M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Cassyia Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Three Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} -

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 132 N Gay St Balto Md

Duration of Residence in the City of Baltimore, 3 mo

Place of Death, {Give street and number.} 132 N Gay St—

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Richd Sappington M. D.

Medical Attendant.

Date of Burial, Dec 5th 1878

Undertaker, W. H Hockman

Place of Business, Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Aberle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lock Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Year

Place of Death, {Give street and number} 794 W Baltimore St

Cause of Death First, (Primary,) Mania

Second, (Immediate,)

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6th 1892

J J Knight M. D.
Medical Attendant.

Undertaker, D. McLernon & Son

Place of Business, 782 W Baltimore *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Campbell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 13 Warner St

Cause of Death {First, (Primary,) Abscess of Liver

Second, (Immediate,) 2 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Dec 6th 1878

Undertaker, John J Andrews

Place of Business, Cor E Druid Hill Avenue

J H Chinney M. D.
Medical Attendant.

Address, 76 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28949

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, about 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution Weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 5. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Martin Brown MD

Me

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and cor Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die duty of the Physician who attended during his or her last sickness, or the Coroner, when the furnish within forty-eight hours after the death to the Undertaker or other persons superinte ting forth as far as the same can be ascertained, the full name, sex, age and condition (whe son deceased, and the cause and date of death, except in cases of births and deaths of ille

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1878 BALTIMORE

Date of Death, Dec 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burns

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, about ~~Months~~, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Maternite

Duration of Residence in the ~~City of Baltimore~~, Institution 2 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Spasm.

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 6. 1878

{ Undertaker, Saml Bowers
Place of Business, 152 Division St.

Martin Brown M. D.
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1878

HEALTH DEPARTMENT DEC 1878 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant (Johnson)

Sex, Male ~~or Female~~, {cross out the word not required in this line.} (Laura + Geo Johnson Parents)

Age, [redacted] *Years,* [redacted] *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 Holland St.

Cause of Death First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, [redacted]

Undertaker, Wm N. Dunger

Place of Business, 62 East

John A Ellen M. D.
~~Medical Attendant.~~

Address, Commis of Health + Regis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Exam by John A Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Louisa Shipley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Astoria N. Y.

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number} No 187 Madison Avenue

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 6th 1878

Undertaker, Wm O'Weaver

Place of Business, No 202 N. Eutaw St *Address,*

L. T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H DEPARTMENT DEC 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 64 Asquith St,

Cause of Death, First (Primary,) Was found dead when Called Supposed to

Second (Immediate,) be heart disease as she has been treated for that by several Physicians very short with me

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 5 Dec 3 p.c Clock

Undertaker, George C Rodenmayer

Place of Business, 38 Eason Street

John H Emmes M. D.
Medical Attendant.

Address 64 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 & 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inv. McRenger

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 8 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 220 E. Lombard

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) convulsions

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Dec 6th 78

Undertaker, C. McKane

Place of Business, 230 Eastern Ave

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28955

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ed Boston

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 4 *Days.*

DEC 5 1878 HEALTH DEPARTMENT BALTIMORE

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3. Vincents alley

Cause of Death { First, (Primary,) Hairy Colitis. Second, (Immediate,) Pneumonia

Duration of last Sickness, ~~all.~~ 2. weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4 1878

Undertaker, H. M. Dunge

Place of Business, Eutaw St

Hans A Klein M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEPARTMENT OF HEALTH DEC 318

Permit No. 28956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Linnet

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 197 E. Eager st.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 137 E. Eager st

Cause of Death {First, (Primary,) Premature Birth — Cum Pneumonia

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Patrick's Cemetery

Date of Burial, Dec 6 1878

Undertaker, James B Byrne

Place of Business, No 63 N. Front St

Edward P McDevitt M. D.
Medical Attendant.

Address, 137 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 58 yrs

Place of Death, {Give street and number} No 30 Peirce

Cause of Death First, (Primary.) Heart Disease

Second, (Immediate,)

Duration of last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetary

Date of Burial, December 5 1878

Undertaker, Wm Jas. Gray

Place of Business, 65 Mulberry St.

J. H. Sultzer M. D.
Medical Attendant.

Address, 73 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 5
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hardin
111

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, Two *Years,* Five *Months,* Twenty two *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34. Burgundy

Cause of Death, {First (Primary,) Phthisis pulmonalis
Second (Immediate,) asthenia.

Duration of Last Sickness, From birth.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 5 1878

{*Undertaker,* H McChesney
Place of Business, 161 W Howard St}

Dan'l Garrett M.D.
Medical Attendant.

Address, 158. S. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1954

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decr 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorah Burtz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 378 N. Broadway

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of last Sickness, Few (10) Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 6th/78

Dr Selbun M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Square Address, 6 E Fayette cor Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28960

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

Date of Death, Dec. 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Bicroth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 262 ~~Hanover~~ Hanover St

Cause of Death, {First (Primary,) Epilepsie; Second (Immediate,) congestive chill

Duration of Last Sickness, ~~1 day~~ a few hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 6th

Undertaker, Henry Brice

Place of Business, Henrietta St 81

A Albers M. D.
Medical Attendant.

Address 95 S. Sharpe.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 28961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Klekner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 61 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 143 S. Register Street

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn

Date of Burial, Dec. 6th

Undertaker, Henry Snider

Place of Business, 352 Eastern Ave

Wm. J. Dulany M. D.
Medical Attendant.

Address, 64 S. Broadway

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2896

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1878

Full Name of ~~Deceased~~ Parents, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Sophia Moore, Jr.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Six hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Six hours

Place of Death, {Give street and number} 20 Mangore St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 6th

Undertaker, John Tenfel

Place of Business, 616 W. Balto St

J. P. Christian M. D.,
Medical Attendant,

Address, 431 Lemmon Ave

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Wright

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

HEALTH DEPARTMENT DEC 1878 BALTIMORE

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, ——— Shucker ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brooklyn N. Y.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 S. Bethel St

Cause of Death { First, (Primary,) Struma & Syphilis / Second, (Immediate,) Cancer of Testicle

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem

Date of Burial, Dec 5th 1878

Undertaker, John W. Locke

Place of Business, Wolf St

Jas. H. Lewis M. D.
~~Medical Attendant~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Lee E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to the Instructions on the Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28964.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret Myers

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 31 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 272 Franklin St

Cause of Death {First, (Primary,) Dont know

{Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 6th 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

J R McGinnes M. D.
Medical Attendant.

Address, 582 W Fayette St

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ Dec 5th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Friederich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 85 Bank St

Cause of Death, First, (Primary.) Pyaemia Caused by the presence

Second, (Immediate,) of a large and extensive ulcer of the cheek.

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, S. Emanuel Cemetary

Date of Burial, December 6th 1878.

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Leonhard Fritz

Place of Business, S. Bond St. W. of Ann

Address, # 243 Alice Anna St

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V. Hepburn

Sex, Male or Female, {cross out the word not required in this line.} Female

HEALTH DEPARTMENT DEC 5 1898 BALTIMORE

Age, 32 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 167 Gough St.

Cause of Death First, (Primary,) Laryngeal Phthisis

Second, (Immediate,)

Duration of last Sickness, 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec. 6, 1898

Undertaker, M. A. Daigh

Place of Business, 74 S. Broadway

Horace R Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

Date of Death, Dec. 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie N Groff

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} # 2-64 E. Chase St

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Effusion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Dec 5th 1878

Undertaker, Hay W. Mears

Place of Business, 45 N Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 BALTIMORE

Date of Death, December 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Heaphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 0 *Months,* 3 *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 133 S. Eutaw St

Cause of Death, {First (Primary.) Acute Phthisis. {Second (Immediate.)

Duration of Last Sickness, Under treatment, 15 days - sick several months.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 16th 1878

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

G. H. Buell M.D.
Medical Attendant.

Address 32 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

Date of Death, Dec. 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, Thirteen yrs.

Place of Death, {Give street and number} 47 Mulliken St

Cause of Death, First, (Primary.) Peritonitis (tuberculous)

Second, (Immediate,) Marasmus

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Burying Ground

Date of Burial, Dec 5 1878

Undertaker, William N Berger

Place of Business, No 62 East St.

G. Glanville Leak M. D.
Medical Attendant.

Address, Balt. & Mash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Granzer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 54 St Peter St

Cause of Death, First, (Primary.) Puerperal Fever

Second, (Immediate.) .....

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cem

Date of Burial, Dec 6th 1878

D M Gatheil *M. D.*
Medical Attendant.

Undertaker, J. & P. Byrne

Place of Business, 69 Irvine

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1878

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Larkin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 72 Hamburg St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Dec 6th 1878

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty

Thos. Corbett M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Ashley

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} /

Age, 40 *Years.* 8 *Months,* ~~28~~ *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Hare St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park J. H. Martin M. D.

Date of Burial, December 6th 1878 Medical Attendant.

Undertaker, Houghton & Co *Address* Canton St

Place of Business, 65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th Dec. 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Winder

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days.*

Color, cd *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Preacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Worcester County Md.

Duration of Residence in the City of Baltimore, Fifty weeks

Place of Death, { Give street and number. } 26 West Pratt St.

Cause of Death, { First (Primary,) Old age & Paralysis. I am not Second (Immediate,) acquainted with the Cause of Paralysis, as Coln

Duration of Last Sickness, Five or six weeks. not get history of Case. was sick something a year

All the above information should be furnished by the Physician. Some days. M. D.

Medical Attendant.

Place of Burial, Cathedral Cem.

Date of Burial, Dec 7 1878

Undertaker, John C. Gerdes Address Balto Md.

Place of Business, Pork ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 Dec 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessy Hoskins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 Years, ___ Months, ___ Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Mount St Attended

Cause of Death, {First (Primary,) Hemorhage / Second (Immediate,) Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

W. H. Warner M. D.
Medical Attendant.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 6, 1878

{Undertaker, Charles A White
{Place of Business, 35 Granby St

Address St Stricker & Lorraine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC 6
BALTIMORE

Permit No. 28975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Woodall

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 205 Lee st

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 6th 1878

{*Undertaker,* John L Meaher

Place of Business, No 150 Canton

J H McKay M.D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
6
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice M. Seltzer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 Years, — Months, — Days.

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lazy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Corl Lyman & Brandt

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} Cor Lyman & Brandt

Cause of Death, First (Primary,) Cerebral Typhoid Fever

Second (Immediate,) Exhaustion from Burn

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Dec 6

Undertaker, C. W. Blizzard

Place of Business, 201 Pine

D. H. Orrin M. D.
Medical Attendant.

Address 54 East Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ritz

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore, Life. living

Place of Death, {Give street and number} N. Caroline near Madison

Cause of Death First, (Primary,) Insufficientis mitralis et aortae

Second, (Immediate,) Hydrops, marasmus

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 7th of December 1878

Undertaker, Adam Fink

Place of Business, 461 W. Pratt St *Address,* 245 Monument

J. Thorsen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Glendon Rust

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} *613 W. Lombard Street

Cause of Death { First, (Primary,) Typho Material Fever
Second, (Immediate,) Perforation of Intestine

Duration of last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Dec 7th 1878

Undertaker, H B Cook

Place of Business, No 707 W Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 538 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC. 1878 BALTIMORE

Permit No. 28979

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Jerome Lait

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 Mos.

Place of Death, {Give street and number.} 13 Jordan Alley

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,) Convulsions

Duration of Last Sickness, about 5 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 7th 1878

Eldridge C. Price M. D.
Medical Attendant.

Undertaker, Chas. D. Hauer

Place of Business, 211 N Eutaw St

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1878 FILED

CERTIFICATE OF DEATH.

Date of Death, December 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Burgess

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Driver

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 66 yrs & 7 mo

Place of Death, {Give street and number} 115 Ridgely St.

Cause of Death, First, (Primary,) Crushed by a car at Lee St.,

Second, (Immediate,) 12 Hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Decembe 7/78

Undertaker, Wm H Heckman

Place of Business, 1234 Bay

R. C. Lee, M. D.

Coroner's Physician.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Morris L. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number.} 18 Jackson St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) " "

Duration of Last Sickness, Two or three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, Dec 8th 1878

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Mother) Mrs Ecla Ross

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boete. Infirmary

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Balto Infirmary

Cause of Death {First, (Primary,) Erysipelas

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 7th 78

Undertaker, Fred'k Hinckman

Place of Business, 50 S Carrollton ave

E. A. Chancellor M. D.
Medical Attendant.

Address, Balto. Infirmary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 22[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. B. Cunning,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None (Unknown)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} City Hospital,

Cause of Death {First, (Primary,) Accidental burn

{Second, (Immediate,) Pneumonia,

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte

Date of Burial, Dec. 5th. 1878

Undertaker, Jos. F. Byrne

Place of Business, 59 Liberty St.

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1878 BALTIMORE

Date of Death, Dec. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Feller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Thirty two *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lace

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number} 227 N. Central Avenue

Cause of Death, First, (Primary.) Cerebro cold

Second, (Immediate.) Pleuro-pneumonia

Duration of last Sickness, Abt two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9th

Undertaker, Eco Schelle

Place of Business,

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edward Powell

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} no 135 E. Biddle st

Cause of Death, First, (Primary.) Tubercular Consumption

Second, (Immediate.)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 7th

Undertaker, C. H. Giles

Place of Business,

per Wm. E. Murrell M. D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28986

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Years, Fourteen Months, one Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 18, Clarest alley

Cause of Death, First (Primary,) Catarr

Second (Immediate,) Meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 7th 1878

Undertaker, Abraham Wayman

Place of Business, 19 Sonntag

L. A. Gaer M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1878 HEALTH DEPARTMENT BALTIMORE

Date of Death, December 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Stumpp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Co.

Duration of Residence in the City of Baltimore, Our years Eight Months

Place of Death, {Give street and number.} 887 N. Exeter

Cause of Death, First (Primary,) "Typhoid Fever"

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Francis

Date of Burial, Dec 8 1878

Undertaker, John P Paulus

Place of Business, 66 Frederick Ave

Jno. G. Hood M. D.
Medical Attendant.

Address Carroll P.O. Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 28988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6 th. 1878 8 ½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Edwards

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} 242 Gough St.

Cause of Death, First, (Primary.) Malignant Scarlatina

Second, (Immediate.) Blood poisoning

Duration of last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Charles County Md

Date of Burial, Dec. 9. 1878

Undertaker, M. A Daigen

Place of Business, 74 S. Broadway

G. L. Hilkin M. D.
Medical Attendant.

Address, 44 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1256

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1878 BALTIMORE

Date of Death, Wednesday Dec 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daniels

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* — *Days.*

Color, Negro

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} York County, Virginia

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} 27 Bath St—

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, two weeks—

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, December 7th 1878

Undertaker, Theo Locke

Place of Business, 78 Jefferson St

Dr Mahler M. D.
Medical Attendant.

Address 37 N Calvert St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mullberry St Dec 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Connolly

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, 98 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} Mullberry St

Cause of Death, {First (Primary,) Strangulated Hernia

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 7th 1878

{*Undertaker,* Joseph T Byrne

{*Place of Business,* 59 n Liberty

C O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday, December, 6th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert G. Minnick.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} # 18 Hanford Ave

Cause of Death First, (Primary,) Indigestion.

Second, (Immediate,) Cerebral Complications.

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 8th

Undertaker, H. C. Mitchell

Place of Business, 70 Gruenmount Ave

Wilmer Bristow M. D.
Medical Attendant.

Address, 25½ Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kidd

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* One *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 291 Saratoga St. Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 291 Saratoga St.

Cause of Death { First, (Primary,) Premature birth at 6 near 6½ month.
Second, (Immediate,) don't know.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 7th 1878

Undertaker, Wm H Dengel

Place of Business, No 10 Stockton Alley

Louis Chs. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name Miss Garrett Wm Jordan

Sex, Male or Female, {Cross out the word not required in this line.} (Parents

Age, ... *Years,* ..... *Months,* 8 Hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 423 Alice Anne St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 423 Alice Anne St

Cause of Death, {First (Primary,) Premature Birth — Fœtal age

{Second (Immediate,) about 7 Months — The Mother

Duration of Last Sickness, is in very delicate health, which

All the above information should be furnished by the Physician. I think was the only cause of the Con-

dition of the Child —

Place of Burial, Mt. Carmel Cemetery E J Cullison M.D.

Medical Attendant.

Date of Burial, Dec 7th 1878

Undertaker, H. & H. Gilmeyer

Place of Business, 341 Canton Ave Address 19 Kalmia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Linnane

Sex, Male or Female, {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number} 640 W. Pratt st.

Cause of Death First, (Primary,) old age,

Second, (Immediate,) Supposed Paralysis of Heart, Sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 8th 1878

Undertaker, J R Cook

Place of Business, No 704 W Baltimore street

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Francis

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Seven Yrs

Place of Death, {Give street and number} 49 Druid Hill Ave

Cause of Death {First, (Primary,) / Second, (Immediate,)} Organic Disease Heart

Duration of last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9 1878

Undertaker, J B Chase

Place of Business, No 118 Howard St

S. Miller M. D.
Medical Attendant.

Address, 49 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Hunter.

HEALTH DEPARTMENT DEC 7 1878 BALTIMORE

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 112 Welcome Alley.

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Bronchitis.

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 7th 1878

Undertaker, F. A. Kerchner

Place of Business, ...

J. B. White M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Burdick

Sex, Male or Female, {cross out the word not required in this line.}

HEALTH DEPARTMENT DEC 7 BALTIMORE

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Haven Conn

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 340 Saratoga st,

Cause of Death { First, (Primary.) Paralysis of Heart,
Second, (Immediate.) sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 8

Undertaker, C H Blizzard

Place of Business, 201 Penn av

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Boyle

DEC 7 1878 BALTIMORE

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* ~~2~~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Portsmouth Virginia

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 1 N. Linwood

Cause of Death, First (Primary,) Laryngeal Catarrh

Second (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician

Place of Burial, St Anns Graveyard

Date of Burial, December 8 1878

Undertaker, Nathan Cadogan

Place of Business 230 Mulberry St

James Smith M. D.
Medical Attendant.

Address No 4 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hattenich

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* Three *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 50 N. Castle Street

Cause of Death {First, (Primary,)

{Second, (Immediate,) Croup

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, fifth Presbyterian Cemetery

Date of Burial, December 8

Wm H. Glendinen, M. D.
Medical Attendant.

Undertaker, John F. Henry

Place of Business, 386 O'Donnell St.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Ruth.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* 11 *Months,* 9 — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married.

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give street and number} 310 East Aisen.

Cause of Death First, (Primary,) Consumption —

Second, (Immediate,)

Duration of last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 8

Abram B Arnold M. D.
Medical Attendant.

Undertaker, W. Diffel

Place of Business, S. Bond & 15th *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2900

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Marsh

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hatfield Mass

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3. 367 N Bond St

Cause of Death First, (Primary,)

Second, (Immediate,) Cardiac Effusion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 9th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lyman

J. T. Tallman M. D.
Medical Attendant.

Address, 13 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lou Rowe

Sex, ~~Male,~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* *Months,* 6 weeks ~~Days.~~

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 199 Ensor st

Cause of Death, { First (Primary,) Second (Immediate,) } Inflamation of bowels 2 days duration since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 7th 1878

Undertaker, Thos J Hughes

Place of Business, 110 E Balto st

T. H. Warner M. D.
Medical Attendant.

Address 156 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29 043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Clark

Sex, Male, Female, {cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 336 Eldorado St

Cause of Death { First, (Primary,) Whooping cough

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial,

Undertaker, W. H. Hoelzman

Place of Business, Gay St

Paul F. Cowdell M. D.
Medical Attendant.

Address, No 29 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ezekiel Johnson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Eighty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Most his years

Place of Death, { Give street and number } 45 S. Liberty St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 11th 1878

Undertaker, Hughes & Co

Place of Business, 65 E. Broadway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weslendorf

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia, Pa.

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number} No 62 Albemarle St.

Cause of Death, First, (Primary,) Malignant disease of the Brain six months

Second, (Immediate,) after operation for Glioma of left eye

Duration of last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

L. C. Winternitz, M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1878 BALTIMORE

Date of Death, Dec 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Kenny

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} W. [illegible] E Balto

Cause of Death First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Dec 8 1878

Undertaker, Thos J Hughes

Place of Business, 60 E Baltimore *Address,* 23 Franklin

[illegible] Baltimore *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 29007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Virginia Poe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Nine *Years,* Ten *Months,* Three *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Living in

Place of Death, {Give street and number.} 32 N. Frederick St

Cause of Death, {First (Primary,) Typho Malarial Fever

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery A. P. Hall M. D.

Date of Burial, Dec 8. 1878 Medical Attendant.

Undertaker, C. Eckhardt.

Place of Business, 269 Canton Av *Address* 133 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie L. Foster

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 52 Back alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamb's Cemetery

Date of Burial, December 8th

Undertaker, Hughes Boss

Place of Business, 25 Conant St

Newton Cooke M. D.
Medical Attendant.

Address, 146 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rickey M Schlagel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 65 Saca St

Cause of Death {First, (Primary,) Metritis - Puerperal -

Second, (Immediate,) 6 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 9th

Undertaker, Henry Snader

Place of Business, 252 Eastern Ave

J. H. Hance M. D.
Medical Attendant.

Address, 76 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lilla May Bamide

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Seven *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Schoolchild.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} No 130 N. Exeter st

Cause of Death, First (Primary,) .....
Second (Immediate,) Scarletina

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery J. F. Coale M. D.
Medical Attendant.

Date of Burial, Dec 9th 1878

Undertaker, Jas A Byrne *Address* 193 N. Exeter st

Place of [redacted]ness, Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1878

Full Name of Deceased, {Write plainly and spell correctly. If an Infant not named, give names of parents.} Isaac Evans

Sex, Male or Female, {cross out the word not required in this line.}

Age, 78 *Years,* 2 *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ *or Widower,* {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 66 Years

Place of Death, {Give street and number} 656 N. Eutaw St

Cause of Death First, (Primary.) Old age

Second, (Immediate.) Softening of Brain

Duration of last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 9/78

Undertaker, Hugh Nolan

Place of Business, 560 N. Gay St. *Address,* 582 N. Gay St.

Wm R McKeen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 7^th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Slater

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Three *Years,* Two *Months,* Seven *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 176 N. Calhoun St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Croup

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 9 Dec 2 Oclock

Undertaker, Geo C Rodenmayer

Place of Business, 38 Eaton St.

Jas G. Linthicum M. D.
Medical Attendant.

Address, 584 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia Henry

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 137 Eden

Cause of Death, First, (Primary.) Scrofulosis

Second, (Immediate,) Convulsions, &c.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial,

Undertaker,

Place of Business,

D W Cathell M. D.
Medical Attendant.

Address. 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 29014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dezber 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall S. Kingsland

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 39 *Years,* 6 *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {~~Cross out~~ the words not required in this line.}

Occupation, merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State Vermont

Duration of Residence in the City of Baltimore, 6 weeks.

Place of Death, {Give street and number.} 486 Eutaw Place

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Cerebral Apoplexia. (not Uraemia.

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 9th Dec 1878

Undertaker, Hyn Deutsch & Son

Place of Business, 16 Light St

Henry Salyer M.D.
Medical Attendant.

Address, 165 W. Lombard St

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29015

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 8 1878. 11-40 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cunningham

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 65 S. Canal

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 65 S. Canal St

Cause of Death, First, (Primary,) Spina Bifida

Second, (Immediate,) Convulsions

Duration of last Sickness, From birth.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 9th 1878

Undertaker, James P. Byrne

Place of Business, No 63 Front St

A Legg Shertzer M. D.
Medical Attendant.

Address, 11 S. High St

This case died suddenly in the absence of the Physician, and I was informed of the facts by a person who came for a certificate.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Sp

Board of Health, City of Baltimore,

Permit No. 29016.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Mary Heath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 5 Chapel St

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate,) 4 Mos —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 9 th

Undertaker, H. C. Middleton

Place of Business, 90 Greenmount Ave

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Feihl

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 68 *Years,* — 3 — *Months,* — 21 — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years —

Place of Death, {Give street and number} No 352 Aliceanna St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cem[illegible]

Date of Burial, Dec 9th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Thomas F. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Dora Gaehle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Mulberry 2d door West of Popplar st S. side

Cause of Death, First (Primary,) Old age

Second (Immediate,) Dropsy —

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Dec 9th 1898

Ernst Klauss M. D.
~~Medical Attendant~~

Register

Undertaker, Peter Kummut *Address*

Place of Business,

HEALTH DEPARTMENT DEC 9 1898 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Undertakers name & the Funeral —

No. 91

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H Clives

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and number} N 179 Lexington

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 9 E Whitman *M. D.*

Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 207 Lex *Address,* 13 Fourth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie May Flannigan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 8 ____ *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 56 King St

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Grave Yard

Date of Burial, ~~28~~ 29 Dec 1878

{*Undertaker,* I S Mackin
Place of Business, Paca & Camden

I Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

HEALTH DEPARTMENT DEC 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Kobel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 0 Years, 0 Months, 0 Days. 3 hrs

Color, white Sex, female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternity Hospital Balto.

Duration of Residence in the City of Baltimore, 3 hrs.

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Asthenia 3 hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery David Streett M. D.

Date of Burial, Dec 9th 1878 Medical Attendant.

Undertaker, P. Mullin Address 163 W. Lombard St

Place of Business, Cambridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jefferson Co. W. Va.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 228 Pine St.

Cause of Death, First (Primary,) Parturation

Second (Immediate,) Peritonitis

Duration of Last Sickness, 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9 1878

Undertaker, S. W. Chase

Place of Business, S. Howard

J. G. Whitehurst M. D.
Medical Attendant.

Address Fayette & Howard Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29023,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Humhoff

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* 14 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} Mary St. 27.

Cause of Death, First (Primary,) 3 Consumption

Second (Immediate,)

Duration of Last Sickness, about five years

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, Dec 10 1878

{*Undertaker,* P. D. Rosaire

Place of Business, ——— *Address*

C. H. Tiffe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte L. Schaffer

Sex, Male or Female, {cross out the word not required in this line.} Male ~~Female~~

Age, ____ *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number} 18 Fleet Street

Cause of Death, First, (Primary,) Inflammatory croup

Second, (Immediate,) ____

Duration of last Sickness, Saw it first previous to death

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Bur. Gd.

Date of Burial, Dec. 10. 1878

Undertaker, M. A. Dodge

Place of Business, 74 S. Broadway

James E. O'Neal M. D.
Medical Attendant.

Address, 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1898 DEC 9 1898 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ramona Frances Sanner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^o City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 203. E. Pratt St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 11, 1898

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address* W. Franklin St

H. F. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 9 1878 BALTIMORE

Date of Death, Dec 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Kirby

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Twenty yrs.

Place of Death, {Give street and number} 125 N Broadway

Cause of Death, {First, (Primary,) Intermittent Fever / Second, (Immediate,) Paralysis

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 11th 1878

C. Glanville Lucke M. D.
Medical Attendant.

Undertaker, Thos O Hardy

Place of Business, 61½ E Balto *Address,* Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 9 1878 BALTIMORE

Date of Death, Dec 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 Years, Months, Days. Sex, male

Color, white

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Fall St.

Cause of Death, {First (Primary,) Pleuro-Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec. 10th 1878

{Undertaker, Adam Fink

{Place of Business, 461 W. Gay St.

George Reynolds M. D.
Medical Attendant.

Address [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cook

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} North St Monument

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Dec 10 1878

{ *Undertaker,* W. H. Madden
{ *Place of Business,* 835 N. Howard St

H. J. Howell M. D.
Medical Attendant.

Address, Corner Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. L. Holthouse

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} U. S. Gist St

Cause of Death, First, (Primary,) Headache & Dizziness

Second, (Immediate,) Paraplegia of right side

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 11 Dec 1878

G. A. Volume M. D.
Medical Attendant.

Undertaker, John C. Gluck

Place of Business, 26 Hillen ave *Address,* 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 6 *Months,* 25 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk in one of the Courts

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} No. 303 Myrtle Av.

Cause of Death, First (Primary,) Chronic Laryngitis - Possibly Tubercular;

Second (Immediate,) Asphyxia, with obstruction of glottis & trachea

Duration of Last Sickness, I do not know: he was first seen by me 19 days before death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery S. C. Chew M. D.

Medical Attendant.

Date of Burial, December 10th 1878

Undertaker, Asbury V. Weaver *Address* 141 Lanvale St

Place of Business, 122 N. Fayette St "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Dec. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wetherstone

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 8 E Hutton alley

Cause of Death { First, (Primary,) Organic Heart Disease
Second, (Immediate,) Dropsy

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Tuesday Dec 10th

Undertaker, Wm Weaver

Place of Business, No 202 E Eutaw

Wilbur Bunton M. D.
Medical Attendant.

Address, 25 S Gaurnut Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Bowans

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 3. *Years,* 10. *Months,* —— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 29 Patuxent alley.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10th 1878

G. H. Morris M. D.
Medical Attendant.

Undertaker, Wm. N. Dungee

Place of Business, No 10 Stockton st

Address, Cor. Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29133 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 23 Wester St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung Trio

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec the 11

Undertaker, Owens & Whitley

Place of Business, 225 S. Eutaw

Theodore Cook M. D.
Medical Attendant.

Address, 426 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 10 1878 BALTIMORE

Date of Death, December 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd. Dawson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* 8 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 178 S. Eutaw

Duration of Residence in the City of Baltimore, Sixty-Eight years- except 16 years when he lived at Brooklyn Anne Arundel Co.

Place of Death, {Give street and number.} 178. S. Eutaw-

Cause of Death, First (Primary,) old age

Second (Immediate,) do —

Duration of Last Sickness, Been failing for about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 11th 1878

Dr Carey Thomas M. D. Medical Attendant.

Undertaker, William Dawson

Place of Business, A. A. Co. Md

Address 917 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin Zimlon

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* 1 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 110 Hanover st.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Dec. 10. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

J. F. Daiger M. D.
Medical Attendant.

Address, 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H. W. Butler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 176 Mulliken St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Inanition

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10th 1878

{ *Undertaker,* The. J. Lekter
{ *Place of Business,* Jefferson

James A Steuart M. D.
~~Medical Attendant,~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

Exam by J. H. Cordell

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert F. Holtz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calverton Balto Co.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} No 184 Pearl st Balto

Cause of Death, First (Primary,) Scarletina Maligna

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Jno. S. Fulton, M. D.

Medical Attendant.

Date of Burial, Dec 11

Undertaker, C H Blizzard

Place of Business, 207 Pac *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy St. John Hayne

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Twenty four *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 675 West Lombard St.

Cause of Death {First, (Primary.) / Second, (Immediate,)} Pulmonary Consumption

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 11/78

Undertaker, Hughes & Co.

Place of Business, 350 W. Fayette St. *Address,* # 584 W. Fayette St.

J. G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 29039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 10 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 5. a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Carr

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* 0 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Petersburg Adams Cunty Pen

Duration of Residence in the City of Baltimore, Eight days

Place of Death, {Give street and number} No 70 Pearl Str

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, Removed in this City for two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

John J. Fiser M. D.
Medical Attendant.

Address, 81 Nord Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of . . . Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1259

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 3 *Years,* 1 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, A Lifetime

Place of Death, {Give street and number.} 182 Burgundy Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cem. *Date of Burial,* Dec 11th 78

C. W. Carlton M. D.
Medical Attendant.

Undertaker, Wm. J. Pickney *Address* 369 W Lombard St

Place of Business, 65 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Snow

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 45 years

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 112 S. Chapel St

Cause of Death First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 11th 1878

James Steuart M. D.
~~Medical Attendant.~~

Undertaker, M. A. Daiger

Place of Business, S. Broadway *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Dr. Fitzpatrick

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Burton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy one *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, 71 yrs

Place of Death, {Give street and number} 252 N. Caroline St

Cause of Death, First, (Primary,) Heart disease.

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 11 75

Undertaker, H. C. Wiedefeld

Place of Business, 94 Greenmount Ave

D. C. Deland M. D.
Medical Attendant.

Coroner E. Dietz

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATIST[illegible]

Permit No. 29043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 11
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Harrow av

Cause of Death, {First (Primary,) Influenza
Second (Immediate,) Diphtheritic Croup
5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 11 78

Undertaker, Armstrong & Denny

Place of Business, No 263 Light

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Mayer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 years, 11 Months, 1 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 12. Park Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12. Park Stret

Cause of Death, First, (Primary,) Scrofulosis

Second, (Immediate,) Encefhalitis (Inflamator of the Brain)

Duration of last Sickness, one wek.

All the above information should be furnished by the Physician.

Place of Burial, Bath. Cemetery

Date of Burial, 2 p. m. December 11th 1878

Undertaker, C. Runkel.

Place of Business, 60. Park Av.

John. J. Titré M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 11
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Morgan

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, White Washer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland (Frederick Co)

Duration of Residence in the City of Baltimore, Long While

Place of Death, {Give street and number.} 93 Mutes Lg (Central Dispensary

Cause of Death, {First (Primary,) Exhaustion

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Harford Burial ground

Date of Burial, 12 December

Undertaker, James Brockton

Place of Business, 54 Orchard street

D W [illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daughter of F X Jenkins

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 118 Edmondson Ave.

Cause of Death { First, (Primary,) Imperfect circulation
Second, (Immediate,) Imperfect Circulation

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 11th Dec 1878

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

J. G. Kuhlmann M. D.
Medical Attendant.

Address, 584 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

Permit No. 29047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday December 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. White

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 700 Baltimore St. Balto. Md.

Cause of Death {First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 11 1878

Undertaker, Blackistone & Co

Place of Business, Balto St

J. Dimmitt Harris M. D.
Medical Attendant.

Address, 46 S. Paca St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Dec. 12. 1878

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Summers,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male —

Age, 50 — Years, Months, Days.

Color, White Sex, Unknown —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sink Dealer

Occupation, Maryland —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Lifetime

Duration of Residence in the City of Baltimore, Baltimore City Dec —

Place of Death, { Give street and number. } Intemperance

Cause of Death, { First (Primary,) / Second (Immediate,) } 2 days.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, December 16

Undertaker, Patrick Mullin *Address* 15 E. Baltimore St.

Place of Business,

S. H. Hoick, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 29049 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Denton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cowcob

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Nrt Knows

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Md Penitentiary

Cause of Death, First (Primary.) Perforation of the

Second (Immediate,) bowel

Duration of Last Sickness, 11 days

All the above Information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, December 10

Undertaker, Patrick Mullen

Place of Business,

J. H. Quinn M. D.
Medical Attendant.

Address, 257 Md Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 29050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina & Geo Rinz

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 735 Hanover St.

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,) Incapacitation

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y — James H Mears M. D.

Date of Burial, Dec 11 1878

Undertaker, Henry Brile

Place of Business, ——— *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 29051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Angelt The Jackson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* one *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 140 S. Durham St

Cause of Death { First, (Primary.) / Second, (Immediate,) } Convulsion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cem. D

Date of Burial, Dec 11 1878

Edmund A Gleim M. D.
Medical Attendant.

Undertaker, P. Mullin

Place of Business, Cambridge St

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ca...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Sivo

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore 40 Y.

Place of Death, {Give street and number} City Hospital,

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12 1878

Undertaker, G. W. Ryan

Place of Business, 261 Lanvale St

J. H. Chambers, M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Dec 11 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cramer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 22 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 292 Franklin St

Cause of Death, First, (Primary,) Die to Mening itis consequent
Second, (Immediate,) upon injury received in falling from scaffold

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Manchester Cemetery Co

Date of Burial, Dec 13 1878

Undertaker, John C Adams

Place of Business, Mulberry and Hill Ave

C. F. M. Kemp M. D.
Medical Attendant.

Address, 223 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 12.60

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Hyson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* 0 *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 67 Afford St.

Cause of Death, First (Primary,) Tubercular Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 2 mos, abed.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemmetry

Date of Burial, Dec. 12th 1888

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St.

Robert H. Mifflin M. D.
Medical Attendant.

Address 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 12 1878 BALTIMORE

Date of Death, Dec 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lansdowne

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 197 Dolphin St.

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 12th Dec 1878

Undertaker Wm Jenkins & Son

Place of Business, 16 Light St

D. Kellar M. D.
Medical Attendant.

Address, 89 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 29056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number} 196 S. Bethel St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Potter's Cemetery

Date of Burial, Dec 11th 78

Undertaker, Theodore J Locke

Place of Business, 56 Jefferson

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

DEC 12 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 13 1878 BALTIMORE

Date of Death, December 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bibb

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driller

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 248 Cross st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenslager Cem

Date of Burial, Dec 14th 1878 Rowland Lortz M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Elizabeth Simms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* Nine *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, One year & nine days

Place of Death, {Give street and number.} # 12 Little Pine St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Inflamation of Bowels

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Dec 12 1878

Undertaker, Charles A White

Place of Business, 35 Bradley St

Chas Romine *M. D.*

Medical Attendant.

Address Biddle & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Blackstone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, Black *Sex,* —

~~Married~~, *Single,* ~~Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 88 Perry alley

Cause of Death, First (Primary,) Cholera

Second (Immediate,) Inflammation

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Ship. St Cemetery *Attended* Dr. Gardner *M. D.*

Date of Burial, Dec 11th 1878 Medical Attendant.

Undertaker, James Brockston

Place of Business, 54 Orchard St *Address* 120 N. Greene St. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 12 1878 HEALTH DEPARTMENT BALTIMORE

Date of Death, Dec. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Allison Cowan

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Glass Blower

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Augusta Maine

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 207 Montgomery St

Cause of Death {First, (Primary,) Heart Disease
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Dacb Cemetery

Date of Burial, 13th 1878

Undertaker, Ansling & Denny

Place of Business, Cor Front & Light Sts

Geo. H. Benson M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Talbott Offendafer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Three years ~~Eight months~~, one *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Laurel Prince George Co. Md

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, {Give street and number.} No 52 Saratoga St

Cause of Death, First (Primary,) ——— Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 12th 1878

{*Undertaker,* Thos S Hughes *Address*

{*Place of Business,* 60 E Pratt

J W Offendafer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 13 1878 BALTIMORE

Date of Death, Dec 10 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Griffith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Seventy five *Years,* Eleven *Months,* Ten *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 107 E Caroline St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Organic disease of the heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 13th 1878

Milton A Taylor M. D.
Medical Attendant.

Undertaker, Thos O Hughes

Place of Business, 11 a E Balto *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane M. Guiteau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty Nine Years, Months, Days.

Color, White Sex, Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her lifetime

Place of Death, {Give street and number.} Carrollton Hotel - Baltimore

Cause of Death, {First (Primary,) General Nervous prostration

Second (Immediate,) Gastric fever

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Joseph C. Cockey M. D.
Medical Attendant.

Place of Burial, Green Mount

Date of Burial, Dec 14th 1878

{Undertaker, Thos J Hughes

{Place of Business, 111 E Balto Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Lulu B. Helton

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 63 E. Pratt Street

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 13

Chas. W. Nefft *M. D.*
Medical Attendant.

Undertaker, F B Cook

Place of Business, 707 W. Baltimore St *Address,* 306 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Joseph Nash

Sex, Male ~~Female~~, {Cross out the words not required in this line.} Male

Age, 29 *Years,* 9 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Car Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 119 South Street

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Four Months —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 12. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway,

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Montgomery

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital Col. Phys Dis

Cause of Death {First, (Primary,) Fracture of humerus
Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 12th 1878

Undertaker, Pat Mullin

Place of Business, Coubridge St *Address,* City Hospital

J. W. Chamberlain M. D.
Medical Attendant.

per J. R. Brown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Herman Lawson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 359 Aliciana St

Cause of Death First, (Primary,)

Second, (Immediate,) Chronic Croup

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 12th 1878

John A Steuart M. D.
~~Undertaker~~ Attendant.

Undertaker, John C. Sheets

Place of Business, Aliciana St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Hopkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 50 Lewis St

Cause of Death, First (Primary,) Strangulation by Philip Johnson col'd Jury Verdict

Second (Immediate,) Apnoea

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician

Place of Burial, Asbury Evergreen

Date of Burial, Dec 12 1878

Edmund R Walker *M. D.*

~~Medical Attendant.~~

Undertaker, W. H. Dyer

Address Corner Pr & P S

Place of Business, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...s after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Wellman

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* Seven *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } Wilson Court

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemy

Date of Burial, Dec 12th 1878 Geo. H. Lyle Coroner M. D.

Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, Corner Eden & Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Deeg Sieg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 6 years in U.S.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 8 N Front St

Cause of Death, First (Primary,) Suicide by pistol shot in abdomen

Second (Immediate,) Internal Hemorrhage

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 13 1878

Edmund R Walter M. D.
Medical Attendant.

Undertaker, James F Byrne

Place of Business, No 63 N Front St *Address* Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Kelly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 174 S Duncan St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 13th 1878

Undertaker, H. Mc Gettigan

Place of Business, 344 Canton Ave

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11 1878 Adhyear

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Achgren

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 440 Cant. Aven.

Cause of Death First, (Primary,) Dementia Alcoholica

Second, (Immediate,) Six Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, December 13th 78 Abram B Amos M. D.

Medical Attendant.

Undertaker, C Eckhardt

Place of Business, 269 Canton ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lemuel P. & Mary M. Brain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ___ *Years,* ___ *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 32 E Eager St

Cause of Death, First (Primary,) Atelectasis Pulmonum

Second (Immediate,) ___

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 13 1878

Geo. S. Kinemon *M. D.*
Medical Attendant

Undertaker, C. T. Semmes

Place of Business, Eutaw St *Address* 13 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall dio in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

Permit No. 29074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} James E. Tazwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Paca st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 12. 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

E. M. Reid M. D.
Medical Attendant.

Address 2431 E. Fayette St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Turner Hackett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 2nd n Green st

Cause of Death, First, (Primary.)

Second, (Immediate,) Cancer of bowels

Duration of last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Dec 12. 1878

Undertaker, J W Chase

Place of Business, 198 S Howard st

G Hattaway M. D.
Medical Attendant.

Address, 28 Fountain st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0728.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878

CERTIFICATE OF DEATH.

Date of Death, December 16 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. B. Hobbs

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 112 North Greene

Cause of Death First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Cachexia

Duration of last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, ~~Bon Secour~~ Bath Cemetery

Date of Burial, Dec 18th

Undertaker, J. E. Hough

Place of Business, 319 Penna Ave *Address,* Balto. Co. Md.

E. A. Chancellor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 13 1878 BALTIMORE

Date of Death, Dec. 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Cohn

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number} 198 Gough St.

Cause of Death {First, (Primary.) — Second, (Immediate,)} Heart disease

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Dec 15th 78

Undertaker, Wm Eden

Place of Business, 101 Gough St

R. M. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bucko

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} Res. 87 E. Washington St.

Cause of Death, First, (Primary,) Asthma Debilitas

Second, (Immediate,) Debilitas Paralysis

Duration of last Sickness, about Ten (?) Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 14

Undertaker, Jas B Cook

Place of Business, 707 Baltimore St

C. L. Wilson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Paulina Susannah Carrickson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Twenty nine *Years,* —— *Months,* five *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ——————

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Penn.

Duration of Residence in the City of Baltimore, over Sixty years

Place of Death, { Give street and number. } 42 E. Baltimore St.

Cause of Death, { First (Primary,) Paralysis / Second (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. *Date of Burial,* Dec 13th 1878

W. P. Bates M. D.
Medical Attendant.

{ *Undertaker,* Thos S. Hughes *Address* 142 E. Exeter St.
{ *Place of Business,* 140 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Neal

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 Y. *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 152 West St.

Cause of Death, {First, (Primary.) Second, (Immediate,)} Phlimesis of the Lungs

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Bell-Cemetery

Date of Burial, Dec 14 78

Undertaker, Andrew Denny

Place of Business, [illegible]

Thos Scott M. D.
Medical Attendant.

Address. 146 Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Overbacke

Sex, Male or Female, {cross out the word not required in this line.} White

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, December 13 /78

Undertaker, B Hall

Place of Business, 711 Light St

..... *M. D.*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Smith

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, ____ *Years,* eight *Months,* ____ *Days.*

Color, ch

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 22 Marion St

Cause of Death, { First, (Primary,) Capillary Bronchitis / Second, (Immediate,) }

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 12th 78

John G. Jay M.D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address,* Balto Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29083,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 13
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruthia Ann White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line,}

Age, 86 Years, ——— Months, ——— Days.

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Washer woman

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 67 Davis St.

Cause of Death, {First (Primary.) Hepatic Cirhosis

{Second (immediate,) Ascites

Duration of Last Sickness, 3 or 4 mos.

All the above information should be furnished by the Physician

Place of Burial, Laurel Country

Date of Burial, Dec 13 1878

Undertaker, John G Gordon

Place of Business, 62 Park Ave

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 29084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Moore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Sex, Female

Age, Years, Months, Days.
43

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 77 Division

Cause of Death, {First (Primary,) Fatty degeneration of kidney
Second (Immediate,) Dropsy

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C. Joseph F. Smith M. D.
Medical Attendant.

Date of Burial, Dec 14th 1878

{*Undertaker,* John J. Andrews
{*Place of Business,* 1486 Druid Hill Ave Address 253 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 12.61

KODAK SAFETY

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 29085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12 — 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine B Ellinger

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Forty-seven *Years,* Two *Months,* Twenty-six *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Home Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty-four

Place of Death, {Give street and number.} 116 Franklin St

Cause of Death, {First (Primary,) Pulmonary Hemorrhage
Second (Immediate,) Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15th

Undertaker, Geo Schilling

Place of Business, Ashland Eyman

D G Rosen *M. D.*
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Murry

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 0 *Months,* 3 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 150 Saratoga St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 108 Saratoga St

Cause of Death, First (Primary,) Croup

Second (Immediate,) Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 13th 1878

H. P. Morgan *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 29087

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 39 Pitcher St

Cause of Death, First (Primary,) Carcinoma of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 13 1875

Undertaker, James W Byrne

Place of Business, No 63 N Front St

D C [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Kottmann

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 16 *Years,* 2 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 16 S. Wolfe st.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Bronchitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec. 14th '78

Undertaker, M. Franc

Place of Business, 280 Canton Ave

Medical Attendant, J. G. Dausch M. D.

Address, 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHLANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elisabeth Johnston (Parents dcd)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~, ~~Months~~, Four hours ~~Months~~, Days.

Color, Black *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 27 Chestnut-st.

Duration of Residence in the City of Baltimore, 4 hours.

Place of Death, { Give street and number. } 27 Chestnut-st

Cause of Death, { First (Primary,) / Second (Immediate,) } Debility-

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery F. T. B. Gardner M. D.

Date of Burial, Dec 13th 1878 Medical Attendant.

{ *Undertaker,* C. H. Blizzon / *Place of Business,* Penna Av } *Address* 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec Wednesday ~~January~~ 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Pence

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and number} 3 Mc. Lens Court, Back

Cause of Death {First, (Primary,) Pain of the 3rd & 4th degree, Mortification of Catamenia

Second, (Immediate,) Pneumonia.

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec: 13th 1878

Undertaker, Wm. L. Lungee

Place of Business, 162 East, st.

Wilson Sinton M. D.
Medical Attendant.

Address, 25½ Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James L Jenkins

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No. 2 Cathedral St

Cause of Death, { First, (Primary,) } Diphtheria

{ Second, (Immediate,) }

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 14th Dec. 1878

H. Jenkins M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Pennle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 1 Cole alley

Cause of Death, First (Primary,) unknown

Second (Immediate,) Cancer, Was probably

Duration of Last Sickness, a long time

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetary

Date of Burial, Dec 14 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

Edmd Hall M. D.
Medical Attendant.

Address. Corner Mt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Gibson (1)

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Prince Geo. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Church Ave.

Cause of Death, {First (Primary.) Marasmus. / Second (Immediate.)}

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 15th 1878

Undertaker, H. Brehe

Place of Business, Henrietta St

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Sligo (Ireland)

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley sts.

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 14th 1878

{*Undertaker,* Henry Schultheis

{*Place of Business,*

T. H. Bamer M. D.
Medical Attendant.

Address 256 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bark Lowe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 96 S. Sharp St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15th 1878

Theodore Cook M. D.
Medical Attendant.

Undertaker, John S Thacher

Place of Business, No 150 Caroline St

Address, 96 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Dec'r. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Lloyd

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} S.W. Cor. Pratt and Charles

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 15 1878

Undertaker, A. T. Denny

Place of Business, Lytle St

H. W. Webster M.D.
Medical Attendant.

Address, 57 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Schiele Infant of B. Schiele

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 533 Aisquith St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 533 Aisquith St

Cause of Death, First (Primary,) Premature Birth 6½ months

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec. 14/78

Undertaker, [illegible]

Place of Business, 47 Orleans St.

H. B. Billingslea M. D.
Medical Attendant.

Address Harford Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1878 BALTIMOR

Date of Death, Dec 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Alexander

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 31 N. Bond St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate.) Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't Wm A. Hice M. D.

Date of Burial, Dec 15th 1878 Medical Attendant.

Undertaker, Wm Johnson

Place of Business, 10 & 12 Saint Paul Hill etc *Address* 225 E. Baltimore St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1878 BALTIMORE

Date of Death, 14th December 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabetha Noll

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42. *Years,* 7 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Gunpowder Falls, Harford County Md.

Duration of Residence in the City of Baltimore, 21. years.

Place of Death, {Give street and number.} S. Exeter Street 13.

Cause of Death, {First (Primary.) / Second (Immediate.)} Tuberculosis Pulmonum

Duration of Last Sickness, 8. months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Decbr 16th 1878.

Undertaker, Peter Frey

Place of Business, Gr Exeter

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St 114.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 13, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Colfer

Sex, Male or Female, {Cross out the word not required in this line.} f

Age, 34 *Years,* *Months,* *Days.*

Color, W *Sex,* f

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sister of Charity

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 8 Valley St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Richd. McSherry M. D.

Date of Burial, Dec 15 1878 Medical Attendant.

Undertaker, Jas R Bevins *Address* 189 N Howard St

Place of Business, 63 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 29101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Mary Elizabeth Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia 17 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 52 Hanover St

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Phthisis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 15 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2902 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. _____

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philippine Wallfish

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 70 *Years,* ____ *Months,* ____ *Days*

Color, white

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} N. W. cor. Lee & Charles Sts

Cause of Death, {First (Primary,) Haemorrhagic infarct of the lungs

{Second (Immediate,) Suffocation.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Ahob Shalom Cemetery

Date of Burial, Dec. 15th 1878

{Undertaker, Wm. Eilau

{Place of Business, 101. Gough St

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1878 BALTIMORE

Date of Death, Dec 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lee

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 371 William St.

Cause of Death, {First (Primary.) Cancer Uteri

{Second (Immediate.) Debility

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 16 1878

Dr. R. Uhler, *M. D.*
Medical Attendant.

{*Undertaker,* C. H. Krause

{*Place of Business,* 209 Hanover *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Keegan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Fifty Six Years, ——— Months, ——— Days.

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cavan Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} No 141 N. Front St

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Landing M.E.C. Cemetery

Date of Burial, Dec 15 1878

M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* 133 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Johanna M. B. A. Applegate.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Boarding House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, {Give street and number} 17 E Front St

Cause of Death {First, (Primary,) Organic Disease of Stomach

Second, (Immediate,)

Duration of last Sickness, Indefinite. Confined to bed one week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 16 1878

D. McCathran M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 E Front St *Address,* 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th December. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Williamson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant in Early Life. Bank Clerk. and Retired Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Seventy Eight (78) Years.

Place of Death, {Give street and number.} # 85. Franklin St. Baltimore.

Cause of Death, {First (Primary,) Facial Erysipelas - Cause unknown -
Second (Immediate,) Exhaustion. & advanced age.

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Country

Date of Burial, 16th Dec 1878

W. C. Van Bibber M.D.
Medical Attendant.

{*Undertaker,* Henry W. Jenkins & Son
Place of Business, # 16 Light St } *Address* 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th of December 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Burin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2j *Years,* 9 *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 398 Saratoga St.

Cause of Death, { First (Primary,) Strychnia (taken voluntarily) Second (Immediate,) } three hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 16th 1878

Undertaker, Peter Kunnard

Place of Business, 317 Aisle

D. D. Kelbaugh M. D.
Medical Attendant.

Address 120 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decmbr 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. A. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 11 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Leesburg Virginia

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 9 Mc Culloh st

Cause of Death, First (Primary.) Abdominal Cancer

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 16th Dec 1878

Undertaker, Hy W Jenkins & Son

Place of Business, & 16 Light St

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah L. Hoover,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 50 N. Castleton.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Laryngitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, December 14.

Undertaker, John Henning.

Place of Business, 386 Orleans St.

A. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Juliet Ann Abbott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Ninety One Years, Three Months, Seven Days.

Color, White *Sex,*

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges County Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Saratoga Street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Prolonged

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 17th 1878

Wm H Davis M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, 422 N. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 10 1878 BALTIMORE

Date of Death, December 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate T. King.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 281 E Baltimore st

Cause of Death { First, (Primary.) Cardiac and Renal Disease
Second, (Immediate,) Asthenia

Duration of last Sickness, Cardiac affection Chronic - Renal Acute

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 16th 1878 D W Cathell *M. D.*
Medical Attendant,

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Callan

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, x x x x x x

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, { Give street and number } 209 S. Schedler

Cause of Death, First, (Primary.) Carcinoma

Second, (Immediate,) Uteri

Duration of last Sickness, Confined to bed 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brae Cem.

Date of Burial, December 17th 1878

Undertaker, H. M. Gibbons

Place of Business, 341 Lanvale St.

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemb - 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna J. Roemer

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 9 *Years,* 10 *Months,* —— *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 298 Mulberry St

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Hypercæmia Cerebri

4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 16 1878

Undertaker, R. Kummel

Place of Business, Mulberry St

Medical Attendant. M. D.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Wegworth

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 8 *Years,* 9 *Months,* 10 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} M

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Walker Nr Sc

Cause of Death, First (Primary,) —— Phthisis

Second (Immediate,) ~~Dysentery~~

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 16 th 1878

Undertaker, C. Weigand

Place of Business, 52 Druid Hill Ave

C. F. Brueckmann M. D.

Medical Attendant.

Address 422 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berthina Gregory

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* < *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 53 N Eden st

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 17th 1878

{*Undertaker,* Sis & Bro
Place of Business, 54 N. Broadway}

J Ridgway Andrae M.D.
Medical Attendant.

Address, 12 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Heath

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 61 *Years,* ~~~ *Months,* 9 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} # 300 Iroquois St.

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, December 16th 1878

Geo. H. Norman M. D.
Medical Attendant.

Undertaker, Wm Heyleckman

Place of Business, 1124 Gay St

Address, #305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roxanna Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* 14 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 391 Scott St

Cause of Death { First, (Primary,) / Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 17th 1878

Undertaker, John Thacher

Place of Business, Park & Fayette sts

J H Emory *M. D.*
Medical Attendant.

Address, 76 Mace St

Extract from Regulations of the ~~Board of Health~~ to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Patrick Cochran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Wexford (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Corner John and Valley Sts

Cause of Death, First (Primary,) Inanition of Old age

Second (Immediate,) Senility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial,

Undertaker, Henry Schultheis

Place of Business, *Address*

E. L. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Norvel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Barney Country (Maryland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, {First (Primary,) Phthisis pulmon. Second (Immediate,) Apnoea}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 16th 1878

Undertaker, Henry Schultheis

Place of Business,

Address

L. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Permit No. 29120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 16 1878 BALTIMORE

Date of Death, December 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis T. Lamb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 6 *Years,* 1 *Months,* 2 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carriage Driver for a Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 174 N. Lombard St.

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) do

Duration of Last Sickness, 10 days ill - Sick 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 17 h.

Undertaker, Henry Brill

Place of Business, Lexington

Dr Casey Thomas M. D.
Medical Attendant.

Address 37 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Lee Power

Sex, Male or Female, { Cross out the words not required in this line. } .....

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Tuberculosis
Second (Immediate,) ..... Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 19th 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Stearns

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 2 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 46 189 Johnson St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarletina & Dropsy

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, December 16th

G Woodson Coates M. D.
Medical Attendant.

Undertaker, B. Hearle

Place of Business, 41 Light St.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29123.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Blackston

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Ninety eight *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St. Mary's Co Maryland

Duration of Residence in the City of Baltimore, All Year

Place of Death, {Give street and number.} No. 86 Wilkeane alley

Cause of Death, First (Primary,) Abdominal Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

L. L. Dyer M. D.

Medical Attendant.

Place of Burial, Mount St Cemetery

Date of Burial, Dec 16 1878

Undertaker, S W Chase

Place of Business, 1108 Hanover st

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29124

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

Date of Death, Dec. 14 - 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fountain Thornett -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 4 *Years,* — 3 — *Months,* — *Days.*

Color, Colored *Sex,* Male -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 3 yrs -

Place of Death, {Give street and number.} 30 Parish St

Cause of Death, First (Primary,) Acute Laryngitis.

Second (Immediate,) Asphyxia -

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Dec 16 1878

Undertaker, S W Chase

Place of Business, 198 S Howard st

John T. King *M. D.*
Medical Attendant.

Address 76 Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th December 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Betty Rupposchild.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 295 E. Monument St.

Cause of Death, First (Primary,) Diphtheritis.
Second (Immediate,) Suffocation

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Tomorrow 3 O'clock P.M. Dec 17th

R. J. Turner M.D.
Medical Attendant.

Undertaker, Jacob Mueller

Place of Business, No 21 Harrison St.

Address N 176 Eighth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29126.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Richard St. Mueadbu

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 321 John St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Pneumonia & Congestion Brain

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, December 17th 1878

Wm. H. Buchanan M. D.
Medical Attendant.

Undertaker, Wm H. Buchanan

Place of Business, No 234 Jay *Address,* Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Klein.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 110 N. Schroeder

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Dec 17th

Undertaker, F. B. Cook

Place of Business, 709 Mct Balto

R. J. N. Tall, *M. D.*
Medical Attendant.

Address, 152 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Hall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} ~~Two yrs~~

Age, Two *Years,* 9 Jan *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 257 Madison Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Blood poisoning

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, ~~H.W. Gaithers Son~~ Green Mt. Cemetery

Date of Burial, Tuesday Dec 17/78

Undertaker, H.W. Gaithers Son

Place of Business, 16 Light St.

E C Price 9 Jan M. D.
Medical Attendant.

Address 962 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Mastiensen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 16 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 249 S. Broadway.

Cause of Death, First, (Primary,) Meningitis.

Second, (Immediate,) Convulsions.

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Trinity B. Yd. near Mt. Carmel Cem

Date of Burial, Dec 17. 1878

Aug. H. Erich M. D.
Medical Attendant.

Undertaker, M. A. Dauger

Place of Business, 74 S. Broadway

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Rogue

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 16 1878

I. H. Buker M. D.
Medical Attendant

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address* 14 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Nelson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charleston S.C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } M. E. Church, cor Johnson & Baker sts.

Cause of Death { First, (Primary,) Rheumatism of some years, Second, (Immediate,) Disease of Heart

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, Dec 17 1878

Undertaker, Wm. J. Gray

Place of Business, 44 Lexington

Geo. G. Green *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarrisa Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 107 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Anne Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 L. Mammount St.

Cause of Death, {First (Primary.) Fracture of femur & internal injuries from fall down stairs
Second (Immediate,) Exhaustion

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Cemetery

Date of Burial, Dec 17th 1878

{*Undertaker,* Wm J Gray
Place of Business, 65 Watts St

Chas R Van Bibber M. D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1878 BALTIMORE

Date of Death, Dec. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 101 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lutherville, Md.

Duration of Residence in the City of Baltimore, About 35 Years

Place of Death, {Give street and number.} St. Thomas' Home No 1

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 16 1878

{*Undertaker,* Charles H White

Place of Business, 35 G ranby St

A. C. Klein, *M. D.*
Medical Attendant.

Address 195 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Offering

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* [redacted] *Months,* 3 *Days.*

Color, colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number} 59 East St.

Cause of Death {First, (Primary,) Tubarculosis

Second, (Immediate,) asthenia,

Duration of last Sickness, 2 years,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, December 16th, 1878

Undertaker Abraham Wayman

Place of Business, 30 Saratoga St

J. W. Chambers, M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Gousuch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 39 *Years,* 11 *Months,* 8 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 353 N. Broadway.

Cause of Death, First, (Primary.)

Second, (Immediate,) Abortion

Duration of last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 17th/78

George F. Taylor M. D.
Medical Attendant.

Undertaker, Geo S. Schilling

Place of Business, Ashland Square

Address, #210. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[GV 28]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

Date of Death, December 16th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rungler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 173 S. Eden St.

Cause of Death First, (Primary,) Phthisis Pulmonis.

Second, (Immediate,) Hemorrhage

Duration of last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul's Cemetery

Date of Burial, Dec 17th 1878

Undertaker, Peter Frey

Place of Business, 91 Eden Av.

Louis C. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Aler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, over sixty years

Place of Death, {Give street and number.} 82 N Eutaw

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Coma

Duration of Last Sickness, Thirty four hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Dec. 18th

A Friedenwald M. D.
Medical Attendant.

Undertaker, F. Louis Haefer

Place of Business, 109 N. Fremont St *Address* 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Blackburn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore ~~Leadenhall Street~~

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Eleanor Street one door East of Johnson

Cause of Death, {First (Primary,) Natural

{Second (Immediate,) Scarlatina

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Dec 16 1878

Undertaker, C. F. Herold

Place of Business, Hanover St

E K Wiley MD M. D.
Medical Attendant

Address Corr Hanover & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1262

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 16 1878 BALTIMORE HEALTH DEPARTMENT

Permit No. 29139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Courcey

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 42 *Years,* ——— *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and number.} 8 Stockholm st

Cause of Death, First (Primary,) Diarrhœa

Second (Immediate,)

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Burying Ground

Date of Burial, December 17

Undertaker, Philip I. Dill

Place of Business, Columbia st near Scott st

James A Steuart M. D.
Medical Examiner

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Joseph Tennant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1918 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Kinnel

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 34 *Years,* 3 *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 14 y. 3 mo's.

Place of Death, { Give street and number } 237 Lee

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,) 2 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Cem'y

Date of Burial, Dec 16th 1918

Undertaker, Jos F Bayne

Place of Business, 39 n Liberty

Address, Sharp St

L E Mc M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Simmons.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 10 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 mos. 10 Days

Place of Death, {Give street and number} 4 Wyeth Ln

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Five (5) weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Dec. 18th 1878

Undertaker, J. B. Cook

Place of Business, Bank St

H. [illegible] Price M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Dunbar

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, _____ *Years,* _____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} 253 E. Eager St

Cause of Death, First, (Primary,) Congestion of the lungs

Second, (Immediate,) Convulsions

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, N. Aughenbaugh

Date of Burial, December 17, 1878

_____ *M. D.*

Medical Attendant.

Undertaker, Henry Heath

Place of Business, 309 Central Ave *Address,* _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1878 BALTIMORE

Date of Death, Dec 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roy Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 11 Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Beach Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 17th 1878

{*Undertaker,* Wm J. Dunyan

Place of Business, No 11 Stockton Alley

James Boyle M. D.
Medical Attendant.

Address 219 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15. 1898

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Julia Merritt

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 24 *Years,* 8 *Months,* *Days.*

Color, White

~~Married, Single~~ Widow ~~or Widower~~, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number } # 1515 Greenmount Av.

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 19 98

Undertaker, H. C. Whitehead

Place of Business, 1 E. Lexington St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M Angleyer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Lakeman Alley

Cause of Death, First, (Primary,) Congenital Syphilis

Second, (Immediate,)

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 17 1878

J Darling M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, Mulberry St *Address,* 262 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 62 Davis St

Cause of Death, {First (Primary,) — Intemperance

{Second (Immediate,) Dropsy

Duration of Last Sickness, Ten (10) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Boney Bray Cemetry

Date of Burial, Dec 17th 1878

{*Undertaker,* Wm. N. Dunger

{*Place of Business,* No 10 Stockton Alley

T. F. Wood M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1878

Date of Death, December 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea charlotte Ridges

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* 9 *Days*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 114 Battorie Ave

Cause of Death, First (Primary,) Burns - wounds from boiling water.

Second (Immediate,) Exhaustion by fever

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Inc.

Date of Burial, December 17th

{Undertaker, [illegible]

{Place of Business, [illegible] Light St.

Henry Salzer M. D.
Medical Attendant.

Address, 163 Columbard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Mc Namara

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 York st

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Dec 17 1878

Undertaker, B. Houle

Place of Business, 57 Light St

H W Welsh M.D.
Medical Attendant.

Address, 57 Light st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 17 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. F. Hooper

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 215 S. Broadway

Cause of Death {First, (Primary,) Scarlet fever

{Second, (Immediate,)

Duration of last Sickness, 9 week

All the above information should be furnished by the Physician.

Place of Burial, Mtadotkild Cemetry

Date of Burial, 17th December 1878

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna St.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. Thomas R. Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Bachelor

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Onancock, Accomac Co. Va.

Duration of Residence in the City of Baltimore, Since November 21st 1878 -

Place of Death, {Give street and number.} 120 Edmondson Ave -

Cause of Death, First (Primary,) Typhoid & malarial fever combined -

~~Second (Immediate,)~~ might be called Typho-Malarial -

Duration of Last Sickness, Ever since he came to city, though I was called in only on dec. 14th -

All the above information should be furnished by the Physician.

Place of Burial, Onancock Va.

Date of Burial, Dec 18/78

Wm. M. Murray M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St Address Nr. S. Sr. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 12.63

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 7 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Johns Hopkins C. O. Asylum

Cause of Death First, (Primary,) Scrofulous Meningitis,

Second, (Immediate,)

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cath

Date of Burial, Dec 17th 1878

Undertaker, John Latrobe

Place of Business, 104 & 106 Druid Hill Ave

R Winslow M. D.
Medical Attendant.

Address, 201 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johns

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 66 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 261 Argyle Av

Cause of Death, First (Primary,) Paralysis - General Exhaustion

Second (Immediate.)

Duration of Last Sickness, — Years

All the above information should be furnished by the Physician.

Place of Burial, Bond Burial Ground Richard McSherry M. D.

Date of Burial, Dec 16th 1878 Medical Attendant.

{*Undertaker,* John J. Andrews *Address* 187 N Howard St

{*Place of Business,* 104 & 106 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Sterne

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 60 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 57 S. Castle st

Cause of Death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Raphaels Cem.

Date of Burial, Dec 19th 78

Undertaker, Mc. France

Place of Business, 280 Canton Av *Address,* 27 N. Broadway

L. S. Dauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gressner

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} 143 N. Chapple St.

Cause of Death {First, (Primary,) Scarlet fever

{Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Dec. 16th '78

Undertaker, W. France

Place of Business, 280 Canton Ave

E. W. Mansfield M. D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Kenny

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Canal alley (cor Park ave

Cause of Death {First, (Primary,) Inal Inflation / Second, (Immediate,) Marasmus

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Dec 17th 1878

Undertaker, F. A. Kerchner

Place of Business, Conn'll Ave & Address, Conn'll Ave & Eagle Sts

D. J. Thomas Clemm M. D.

~~Medical Examiner.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Sewell

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 25 *Years,* 8 *Months,* 15 *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N° 271 N. Howard Street

Cause of Death, {First (Primary,) atonia uteri.

{Second (Immediate,) post partum haemorrhage.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Dec 18th 1878

{*Undertaker,* John J Andrews

{*Place of Business,* Howard Street Ave

Henry Salzer M.D.
Medical Attendant.

Address, 165 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles & Rebecca Pishall (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* — *Months,* 14 *Days.*

Color, White. *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 339 S. Bond St.

Cause of Death, First (Primary,) Premature labour caused by improper treatment &c. by a midwife. Foetus between 7 and 8 months.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, Decbr. 18th 1878

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

J. J. Sullivan. M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M Louth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 186 Aisquith St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec 19th 1878

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw

M. D.
Medical Attendant.

Address, 196 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert E. Watts

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Ten Months ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 21 Paris Ave

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 18th 1878

Undertaker, E B Cook

Place of Business, No 707 E Baltimore Street

T. F. McCormick M. D.
Medical Attendant.

Address, 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertakor or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine McGarvey

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, Two *Years,* Three *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} No 660 N. Balt. Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 18th 1878

Chas M Noffe M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 & Liberty *Address,* 326 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. Lambdin

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem'y

Date of Burial, Dec'r 18th 1878

..... *M. D.*
Medical Attendant.

Undertaker, Henry Sanders

Place of Business, 252 Canton Av *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora J. Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} Cor Eutaw & W Biddle st

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Blood poisoning

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't

Date of Burial, Dec 18th 1878

Undertaker, John J Andrews

Place of Business, Cor Druid Hill Ave

C E Winslow M. D.
Medical Attendant.

Address, 237 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel A G Tenney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 70 Lund St

Cause of Death, First (Primary,) Gastric Enteritis

Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, Dec 18

Undertaker, Theodor J. Lacks

Place of Business, No 56 Jefferson st

James A Mantyre M. D.
Medical Attendant.

Address No 44 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. H Gardner

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 E. Monument St

Cause of Death. {First (Primary,) Catarrh

Second (Immediate,) Laryngitis Pseudo-Membra

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19th

Undertaker. Geo Schilling

Place of Business, Ashland & Lynan

H. T. Reynolds M.D.

Medical Attendant.

Address, 184 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Miller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 5 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 183 Pierce St.

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 19 1878

Undertaker, Peter Flammer

Place of Business, 212 Hanover St

L. J. Knight M. D.
Medical Attendant,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Marx

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia. In US 32 yrs

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Accidentally run over by wagon

Second (Immediate,) Fracture of Pelvis & rupturing bladder

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Philadelphia Pa

Date of Burial, Dec 20th 1878

Edmund Wade, *M. D.*
Medical Attendant.

Undertaker, H. Bergmann

Place of Business, 42 Clay St

Address Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 12664

[OVER.]

No. 29167

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter N. H. Swink

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 17 *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 16 Chiep's-alley

Cause of Death, First, (Primary,) bowel

Second, (Immediate,) Pneumonia

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

Alfred Shorter M. D.
Medical Attendant.

Address, 11 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decembr 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. F. Duffendall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 (two) *Months,* 7 days (24) *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 124 St Peter St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 124 St Peter St

Cause of Death, First (Primary,)

Second (Immediate,) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19 December 1878

Edward Duffy M. D.
Medical Attendant.

Undertaker, P. C. Dill

Place of Business, 183 Columbia ave. *Address* 140 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. L. Pence

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 266 Cross St

Cause of Death, First (Primary.) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19th Dec

Undertaker, Keller Julius Koehler

Place of Business, 360 Baltimore [illegible] Sharp & Cross Sts

H. L. Burch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jackson

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give street and number} 77 Price St

Cause of Death { First, (Primary.) Pneumonia
, { Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Dec 1898

Undertaker, H. Thomas Jones

Place of Business, 7 Light St

L. M. Eastman *M. D.*
Medical Attendant.

344 Lee
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday, Dec. 17th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moyland.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} # 23 Somerset

Cause of Death First, (Primary,) "Concussion of Brain" resulting from an injury to head received by a fall while under the influence of liquor.

Second, (Immediate,)

Duration of last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 18 78

Undertaker, Las P Byrne

Place of Business, 63 Front

Wilbur Bristol M. D.
Medical Attendant.

Address, 25 ½ Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas C. Dowd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty One *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty-two years

Place of Death, {Give street and number.} N. W. Corner of Park & Chester Sts.

Cause of Death, First (Primary,) Phthisis Pulmonalis of the

Second (Immediate,) Pneumonia Typhoid

Duration of Last Sickness, About three Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery N. J.

Date of Burial, Dec. 20. 1878

Undertaker, M. A. Daigh

Place of Business, 74 S. Broadway, *Address* Corner Park & Chester Sts.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Jos. Stewart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 41 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~~Fireman~~ Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland 17 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Gas house foot L. Hall St. (Residence 700 Light St.)

Cause of Death, First, (Primary.) Believed to be

Second, (Immediate,) Heart Disease

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Pr. Lafayette Cemetery

Date of Burial, December 19th

Undertaker, B Hurley

Place of Business, 711 Light St

R. C. Lee M. D.
~~Medical Attendant~~
Coroner.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 19 1878 BALTIMORE

Date of Death, Dec 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bond

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Complete

Place of Death, {Give street and number} 287 East Lemmon st

Cause of Death, First, (Primary,) _____

Second, (Immediate,) Congestion of the lungs

Duration of last Sickness, About one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Dec 19th

Wilbert Taylor *M. D.*
Medical Attendant.

Undertaker, Andrew Kelly

Place of Business, 244 E Lemmon

Address, Penitentiary Grounds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Durant

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} 153 S. Wolf st.

Cause of Death {First, (Primary,) Softening of the Brain (Other)
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 20th 18

Undertaker, M. France

Place of Business, 280 Canton Ave

G. L. Wilkins M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Hayden

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, (Colored)

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and number } No 25 Forrest St

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 19th 1878

Undertaker, Wm. C. Dungel

Place of Business, No 62 East, 8th

Carrie F. Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willis & Susan Guy - Parents

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 209 Hamburg st

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,) .....}

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Shaw st Cemetery

Date of Burial, Dec 20th

Undertaker, Adam Warfield

Place of Business, 123 Conway st

..... M. D.

~~Medical Attendant~~.

Address, Commissioner of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Joseph Vansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29178

HEALTH DEPARTMENT 858 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ealy Batson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, forty five *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, fifteen years

Place of Death, {Give street and number.} No 153 West St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26. 1878

Undertaker, Samuel Wilson

Place of Business, 8 Howard St

J J Shultz M. D.
Medical Attendant.

Address 260 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Freeman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, About 49 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 114 Hill St Balto

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthma

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, Dec 20. 1878

Undertaker, S W Brown

Place of Business, Howard

J Kingling M. D.
Medical Attendant.

Address, 90 Hanover St. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

29180

Permit No. 29180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th December 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Emil Lucas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* 3 *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Barber.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md. Germany, since 3 years in U.S.

Duration of Residence in the City of Baltimore, since 25 years.

Place of Death, { Give street and number. } 114 Bank St near Eden St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Phthisis pulmon.

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemtry

Date of Burial, Dec 20th

Undertaker, H Frocklich

Place of Business, 246 Eastern Av

Dr. Feather M. D.
Medical Attendant.

Address 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecially attend to the numbers below, and to last of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

Date of Death, Dec 18. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alx Jordan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va,

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Epileptic Convulsions cerebral Lesion

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Dec 19th 1878

J. W. Chambers M. D.
Medical Attendant.

Undertaker, James, D., Byrne

Place of Business, No 63 W. Front St. *Address,* City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Viola Kramer

Sex, Male or Female, {cross out the word not required in this line.} Female

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

Age, ... *Years,* ..... 10 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 Y

Place of Death, {Give street and number} 268 Ramsay St

Cause of Death { First, (Primary,) Scrofula
Second, (Immediate,) Cerebral Hemorrhage & Convulsions

Duration of last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, December 20

Undertaker, J B Cook

Place of Business, 707 W Baltimore St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29183.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Monroe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, (col) *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Cook.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto M.C.

Duration of Residence in the City of Baltimore, 73 years.

Place of Death, {Give street and number.} No 12 Church ct.

Cause of Death, First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,) Organic Disease of the heart

Duration of Last Sickness, 3 Months confinement to house 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 20 1878

Undertaker, John C Gordon

Place of Business, 63 Park Ave

Let. J. C. Fulks, M. D.
Medical Attendant.

Address No 134 Fawcett St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry L. Loudesman

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 80 *Years,* ____ *Months,* ____ *Days.*

Color, White.

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } 56 S. Broadway.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Apoplexy

Duration of last Sickness, a few minutes.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 21st. 1878 Aug. H. Erich M. D. Medical Attendant.

Undertaker, Haughey & Lee

Place of Business, 66 & 68 Broadway *Address,* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [07 M.]

No. 29185

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 20 1878

Permit No. 29185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Albert~~ Abraham Selcow

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 17 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Oyster Schucker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, { Give street and number } 67 Lednhall St

Cause of Death, { First, (Primary.) — Second, (Immediate,) Phthisis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 20

Theodore Cook M. D.
Medical Attendant.

Undertaker, Lucas Bros

Place of Business, 96 Commerce St

Address, 146 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

Date of Death, Dec 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Edward Lait

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 11 Clark St

Cause of Death { First, (Primary.) Hooping Cough
Second, (Immediate,) Pneumonia

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 20th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw Street *Address,*

J. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Moyler

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 56 *Years,* —— *Months,* —— *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia 12 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 693 W Lombard

Cause of Death, {First (Primary,) Cancer of Stomach

Second (Immediate,)

Duration of Last Sickness, Six months 4

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 20th 1878

Undertaker, J O'S H. Loane

Place of Business, 568 n Balt st

Thomas O'Sullivan M.D.
Medical Attendant.

Address, 581 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29/88 December 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos L. Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ..... *Months,* ..... *Days.*

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cecil Co Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 194 N. Central Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Ce

Date of Burial, Dec 20th 1878

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

John A Conner *M. D.*

Medical Attendant.

Address 14 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy J. Purnell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 7 *Days.*

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 N Charles St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, Dec 21/78

Undertaker, Stewart & Moore

Place of Business, 35 North Ave.

H. M. Wilson M. D.

Medical Attendant.

Address 257 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEP. DEC 20 1878 BALTIMORE

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 112 West St.

Cause of Death, {First (Primary,) Heart disease (Mitral insufficiency)
Second (Immediate,) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 21st

Undertaker, Hughes & Co

Place of Business, 510. West Fayette St 65 South Broadway

R. M. Pain *M. D.*
Medical Attendant.

Address 315 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

Date of Death, Dec. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Rahmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 13 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 45 E. Pleasant St.

Cause of Death, {First (Primary,) Premature birth; Second (Immediate,) Marasmus}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Dec 20. 1878

Undertaker, John C Gordon

Place of Business, 83 Park Avenue

Claude Van Bibber M. D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th December 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William M. C. Summers.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 *Years,* 8 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, minister of the gospel

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany; since 28 years in the U.S.

Duration of Residence in the City of Baltimore, two months.

Place of Death, { Give street and number. } Hoffman St, East of Belair Av.

Cause of Death, First (Primary,) (illegible)

Second (Immediate,) Dysenteria subac.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lorman Mills in Franklin Co. Pa. Wm. C. Summers, *M. D.*

Date of Burial, Dec. 22d 1878. Medical Attendant.

Undertaker, Adam Heidlemeyer

Place of Business, 718 E. Baltimore *Address* 112 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTHEIMER & BALTIMORE DEC 1878

CERTIFICATE OF DEATH.

Date of Death, December 19th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, Twenty Two *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number} No. 106 N. Regester St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Sharp St.~~ Cemetery

Date of Burial, Dec 20th 1878

Undertaker, Wm. J. Burgee

Place of Business, 1062 East 31st

Wm. H. Clendiner, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Grayson

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, W.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 11 N. Duncan al. Phthisis Pul.

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. H. T. Reynolds M.D.

Date of Burial, Dec. 21st 78 Medical Attendant.

Undertaker, Mc. France *Address,* 186 Aisquith St.

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED DEC 20 1878 BALTIMORE

Permit No. 29195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm C. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 93. Bank St

Cause of Death, First (Primary,) Phthisis Pulm

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, December 22nd 1878

F. A. McManus M. D.
Medical Attendant.

{*Undertaker,* Hughes & Leo
{*Place of Business,* 65 S Broadway

Address N. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 20 1878 BALTIMORE

Permit No. 29196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia M. Bayne

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 10 yrs 2 Months *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba, Cuba

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number} 94 E. Lee St

Cause of Death First, (Primary.) Dentitio - Debilitas

Second, (Immediate.) Spasm

Duration of last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, N. E. Cemetery Phil Road

Date of Burial, December 21st 1878

Undertaker, Humphreys & Co

Place of Business, 65 S. Broadway *Address,*

C. H. Parkhurst M. D.
Medical Attendant.

per C. H. P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary S. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 396 E. Fayette St

Cause of Death, First (Primary,) Dr

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery F. A. McManus M. D.

Date of Burial, December 21st 1878 Medical Attendant.

Undertaker, Hughes & Co *Address* 71 Franklin St

Place of Business, 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fulton C. Creamy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 417 E Eager St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 417 E Eager St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pleuro-Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Balt County S. F. Coyner M. D.

Date of Burial, Dec 21st 1878 Medical Attendant.

Undertaker, James P. Byrne *Address* 134 Hugh St

Place of Business, No 63 S Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Sec. 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1270

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 20 1878 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Bell Nolf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Nine *Years,* 12 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 278 East Fayette St

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, Dec 20 1878

Undertaker, Fry & Bro

Place of Business, Broadway *Address,* Fry's Building

Jno. A. Mudrian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Dr. D. Tum Mc Cullen

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Emmy

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, twenty two *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Cor. Paca & Lexington

Cause of Death, {First (Primary,) Child birth, Surgery
Second (Immediate,)} Lived about 15 minutes

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, ...

Undertaker, P. Kennedy

Place of Business, ...

Asst Surgeon U.S.A. *M. D.*
Medical Attendant.

Address 23 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J Beckmier

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty Seven *Years,* Two *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 1 Millington St

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.) Cattarrus

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st

Undertaker, Eco Schulling

Place of Business,

Andrew J Cairnes M. D.
Medical Attendant.

Address, W 365 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Edward,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 5 *Years,* 2 *Months,* 28 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 38 S Green St.

Cause of Death, First (Primary,) Acute Convulsions.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Decem 22

Undertaker, H H Cook

Place of Business, 707 W Pratt Baltimore

John L R Rogers M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Calvin Hill

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 State St

Cause of Death { First, (Primary.) ——— Second, (Immediate.) Teething

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 22 1878

James H Keene M. D.
~~Medical Attendant.~~

Undertaker, John C. Jordan

Place of Business, Park ave

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam'd E. Wenman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lesson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 4 *Years,* 8 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 385 Lexington St

Cause of Death, First (Primary,)

Second (Immediate,) H. Dolor Peritonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 22d Dec. 1878

Undertaker, J. H. Blizzard

Place of Business, Penn. Ave & Dolphin

M. D.

Medical Attendant.

Address, 55 Wagner St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cuson

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 16 *Years,* — *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Chesapeake City

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 718 Saratoga St

Cause of Death, First (Primary,) [redacted]umption

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1878

Undertaker, S. W. Shaw

Place of Business, 8 Howard St

W. K. Warren *M. D.*

Medical Attendant.

Address Townsend & Thurston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year & 7 months

Place of Death, {Give street and number.} C & Williamson Alley

Cause of Death, First (Primary,) Natural

Second (Immediate,) Pneumonia

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1878

Undertaker, J H Elias

Place of Business, Pennsylvania Ave

J C Foley *M. D.*
Medical Attendant.

Address Cor Hanover & Lee Sts
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Jane Madeira

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 35 *Years,* ~~35~~ *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Somerset Co)

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} In rear of 81 E. Baltimore st

Cause of Death, {First (Primary,) Pulmonary Phthisis

{Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Glen

Date of Burial, Dec 21st 1878

Undertaker, Thos J Locke

Place of Business, 78 Jefferson st

Charles H Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29208

DEC 21 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Madison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

~~*Age*~~ ~~*Years,*~~ 1 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} rear of 81 S Baltimore St

Cause of Death, {First (Primary,) Second (Immediate,)} Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Glen

Date of Burial, Dec 21st 1878

{*Undertaker,* Theo J Locke
Place of Business, 73 Jefferson st}

Charles H Thomas M. D.
Medical Attendant.

Address 86 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Haire

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 26 *Days;*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 33 McHenry St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Congestion of the Brain 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 21st 1878

Undertaker, Wm Slocum

Place of Business, No 150 Camden St

J H Barnes *M. D.*
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HEALTH DEPARTMENT DEC 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th December 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann N. Chappell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 6 *Months,* *Days.*

Color, White ~~Sex~~,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 113. Multony St near Paca St.

Cause of Death, First (Primary,) Senile Bronchitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 22nd

Undertaker, Geo Schilling

Place of Business Ashland Square

A. W. Quinn M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Foote

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 83 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Wood sawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Conway st near Fremont Res 124 York st

Cause of Death, First, (Primary,) Believed to be Heart disease

Second, (Immediate,) Short

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22d 1878

Undertaker, J. Davis

Place of Business, 103 Lee St

R. C. Lee M. D.

Attending Physician

Conway S. E.

Address, Hanover Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 21 1878 BALTIMORE

Date of Death, Dec 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Graf

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 175 Franklin St.

Cause of Death First, (Primary.) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 22 Dec

Undertaker, P. Kimmert

Place of Business, 317 Mulberry

H. Miller M. D.
Medical Attendant.

Address, 84 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B Muschamp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 496 N. Fremont St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Dec 26th 1878

Chas Truxcell M. D.
Medical Attendant.

{*Undertaker,* P. Kummer
Place of Business, Mulberry 51

Address 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Cutlidge,

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 11 *Months,* 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} R. C. Cor. Bond & Madison Sts

Cause of Death, {First (Primary.) / Second (Immediate,)} Pneumonia, 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 22 1878

Undertaker, Thos S Hughes

Place of Business, Balto St

J. W. Houck M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1878 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Holliday

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Union St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1878

Undertaker, I. D. Chalmers

Place of Business, Penna Ave

W. S. Bowie M. D.
Medical Attendant.

Address North Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wesley Meads

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 2 *Months,* 12 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Dallas 28

Cause of Death, First (Primary,) Congestion of Brain Hemiplegia

Second (Immediate,) Convulsions exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 21 1878

Undertaker, Charles A White

Place of Business, 34 Granby st

E C Baldwin M.D.

Medical Attendant.

Address. 124 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or siugle) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Coates

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 5 *Months,* 25 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Booth St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 21st 1878

James Bailey *M. D.*
Medical Attendant.

Undertaker, J. B Coates

Place of Business, No 704 W Baltimore Street *Address* 214 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Shaeffer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 1185 S. Pulaski St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Membranous Croup.

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 22nd 1878

Undertaker, J B Cook

Place of Business, 1207 W Baltimore Street

H. L. Spicer M. D.
Medical Attendant.

Address, 37 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fisher

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 55 Arch St (Artificial)

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W Pratt Cemetery

Date of Burial, Dec 21st 1878

Undertaker, F. A. Kerchner

Place of Business, Carrollton Av

James A Steuart M. D.
Official Designation.

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 2 *Months,* Ten *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. Stricker 12 door S. of Mellen

Cause of Death, {First (Primary,) Tuberculer Meningitis

Second (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, A. A. County

Date of Burial, Dec 25 1878

Undertaker, John Thacher

Place of Business, No 150 Camden St

John Thacher M. D.
Medical Attendant.

Address, 7 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah West

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty-two *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, (Housekeeper)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, Twenty Nine years

Place of Death, {Give street and number} 416 Aisquith

Cause of Death, First, (Primary,)

Second, (Immediate,) Haemoptysis of the Lungs

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Dec. 22 nd 78

Undertaker, Wm. Eilers

Place of Business, 101 Gough st. *Address,* 207 S. Broadway

(Medical Attendant.) M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Wales

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, About 70 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } At Residence

Cause of Death, { First (Primary,) Dark town / Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22

Undertaker, Francis Forman

Place of Business, 252 W Fayette St

H H Boehm M. D.
Medical Attendant.

Address 152 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

Date of Death, December 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lemmig

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year & two months

Place of Death, {Give street and number} 73 Barnes St.

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Convulsions Pul. Collapse

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Dec 23d

Undertaker, C. H. Shilling

Place of Business, Cor. Eutaw and Monument Sts.

E. A. Chancellor — M. D.
Medical Attendant.

Address, Balto. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

SAFETY ▲ FILM

Board of Health, City of Baltimore,

Permit No. 29224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Hamilton

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, ~~ed~~

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Oxford Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Short 21 22

Cause of Death, First (Primary,)

Second (Immediate,) Obstruction Intestinalis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1878

Undertaker, William N Dongee

Place of Business, No 62 East Shet

E. C. Baldwin M.D.

Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Dallas St

Cause of Death, First (Primary,) Bright disease of Kidneys.

Second (Immediate.) Dropsy following

Duration of Last Sickness, 4 days since confinement

All the above information should be furnished by the Physician.

Place of Burial, Shorps Shot Cemetery

Date of Burial, Dec 23 1878

Undertaker, Wilson Mcorge

Place of Business, No 62 East Shee

W. A. Hall M. D.

Medical Attendant.

Address 31 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday dec 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Selby

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 160 Biddle St

Cause of Death, First, (Primary,) Dyspepsia

Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 22nd Dec 1878

F E Chatard Jr M. D.
Medical Attendant.

Undertaker, N J H Deutrins & Son

Place of Business, 16 Light St Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE.

Date of Death, Dec 21st '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Apps B Frey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* 1 *Days.* 11

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} single

Occupation, Labor (at New Central Theatre)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore. 12 years

Place of Death, {Give street and number.} N Central Theatre

Cause of Death, First (Primary,) Intemperance Syphilitic case

Second (Immediate,) Bright's Disease probably (Ethmoid)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician

Place of Burial, Schaabsburg P.O.

Date of Burial, December 23

Undertaker, John Herwig

Place of Business, 386 Colvin St.

Edmund Rowalter M. D.
Medical Attendant.

Address Corone (M.C.)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Barnett 1271

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Grues

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty three *Years,* — *Months,* *Days.*

Color, mulatto *Sex,* —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen An Co. Md.

Duration of Residence in the City of Baltimore, Twenty-one years,

Place of Death, {Give street and number.} No. 12 George alley.

Cause of Death, First (Primary,) Hypertrophy of Heart.
Second (Immediate,) Dropsy & Asthma

Duration of Last Sickness, Six weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Dec. 23. 1878

Undertaker, H. & Jas. Gray.

Place of Business, 64 E. Baltimore St.

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 " 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Andrew Nelson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Son

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 72 Decker St

Cause of Death, First (Primary,) Tonsmus

Second (Immediate,) Marasmus

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 28th 1878

Edmund Walker *M. D.*

~~Medical Attendant.~~

{~~Undertaker~~, Charles Nelson

Place of Business, 72 Decker St. *Address* Corner on "B"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

Date of Death, Dec 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Mayfield

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ca. E.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 18 E. Lombard

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 23rd 1878

Undertaker, James P Byrne

Place of Business, 963 N Front St

Shaw B. Arnold M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A J Hendersen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City ~~Canada France Ireland Eng. Scot~~

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} 52 Saratoga St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Pyemia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 24 1878

Undertaker, Thos L Hughes

Place of Business, Cor Balto & Exeter

Jno A J Hendersen *M. D.*
Medical Attendant.

Address No 1 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 29232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

Date of Death, 22 December 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles Henry Briele

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 97 Leadenhall street

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Asphyxia}

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, ~~24 Seiten~~ Baltimore

Date of Burial, 24 December Cemetery

Undertaker, Heinrich Briele

Place of Business, Henrietta St 81

H F Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1878 BALTIMORE

Date of Death, Dec. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Meade

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7. *Months,* ..... *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Parish alley.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Bottom alley

Cause of Death First, (Primary,) Retropharyngeal Abscess

Second, (Immediate,) .....

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 23d

Undertaker, William H. Dugee

Place of Business, 62 East st

G. W. Morris M. D.
Medical Attendant.

Address, Cor. Strieker & Pratt mon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 1878

Full Nams of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmer Blair Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} Ochols Terrace, near Wilson St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 24th 1878

Undertaker, J. T. Mongh

Place of Business, 319 Penna Ave

H. H. Christian M. D.
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Grant

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Malta (County)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53-3 W Fremont

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Wonder Park

Date of Burial, Dec 23d 1878

M. D.
Medical Attendant.

Undertaker, J E Mongh

Place of Business, 319 Penna Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec - 22 - 78 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Mary Boyle -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 12 yrs -

Place of Death, {Give street and number.} 207 N. Carey St -

Cause of Death, First (Primary,) Consumption of Lungs -

Second (Immediate,) Asthenia

Duration of Last Sickness, 8 mos -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 24 1878

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

John D. King *M. D.*
Medical Attendant.

Address 76 Edmondson Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Cohen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 111 N Caroline St.

Cause of Death, First (Primary,)

Second (Immediate,) Anemia

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Yorael Cem

Date of Burial, Dec 23rd 78

Francis T. Davis M. D.
Medical Attendant.

Undertaker, Wm Edes

Place of Business, 100 Forrest St Address 108 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Hugh~~ ~~me~~ ~~Hrathy~~ William Mahoney

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Husband

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, all

Place of Death, {Give street and number} Pier Atlantic Wharf,

Cause of Death, First, (Primary,) Drowning,

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, December 24

Undertaker, Patrick Mullin

Place of Business,

D. C. Leland M. D.
Medical Attendant.

Address, Corner E. Fish

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Sp

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE REGISTRAR'S OFFICE DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Linkens

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 W Eldery St

Cause of Death {First, (Primary.) Convulsions

{Second, (Immediate.) all ti life

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Edward H Clunet M.D.

Date of Burial, Dec 23 1878 Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Asquith St *Address,* Commrs of Health to Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H Coulter

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McDonal

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 14 years

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 151 Forrest St

Cause of Death {First, (Primary.) Senile decay / Second, (Immediate,) old age

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 24 1878

James Clemens M. D.

Undertaker, Jas P. Byrne

Place of Business, Front St *Address,* Commissioner of Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H. Coulter

The Spec...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvicus Herbert

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Columbella Artificial Nursing

Cause of Death {First, (Primary,) Marasmus

{Second, (Immediate,) all his life delicate

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 23 1878

Undertaker, John C. Jordan

Place of Business, Park Ave Address, Comm. of Health Hospital

M. D.
~~Attending~~ Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E. Newman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Scott.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, thirty seven *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Furniture Mover

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, about ten years

Place of Death, {Give street and number.} No 3. Oxford St

Cause of Death, First (Primary,) Valvular disease y Heart.

Second (Immediate,) Spasmodic Asthma

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Kent Co

Date of Burial, Dec 23rd

Samuel H Henry M. D.
Medical Attendant.

Undertaker, Wm H Pinkett

Place of Business, 7 Druid Hill Ave; *Address* 198 Druid Hill Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1878 BALTIMORE

Date of Death, December 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Cass

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 129 N Bond St

Cause of Death { First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Decm 6 24th.

D M Cathell *M. D.*
Medical Attendant.

Undertaker, F. C. Redenmeyer

Place of Business, N 35 Eutaw St. *Address,* 2 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully called to the Rules and Regulations on the reverse side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwick Schumacher

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 79. *Years,* 1 *Months,* 22. *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 22 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 67 Vine

Cause of Death { First, (Primary,) Old age
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 24th 1878

{ *Undertaker,* Adam Weidemeyer
Place of Business, 518 W. Baltimore St.

Louis Blum M. D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Dec 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ~~Months,~~ 1st 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 7 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death First, (Primary,) child was apparently premature birth

Second, (Immediate,) Asthenia

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 24 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address, 66 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan McGrath

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number} 172 N. Front St

Cause of Death {First, (Primary,) Child birth

{Second, (Immediate,) Pyaemia 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 24 1878

Undertaker, James L. Byrne

Place of Business, No 63 S. Eutaw St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. A. CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE. DEC 23 1878

CERTIFICATE OF DEATH.

Date of Death, December 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Caperly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Thirty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Monaughin Ireland

Duration of Residence in the City of Baltimore, Thirty seven Years

Place of Death, {Give street and number.} 57 Valley st

Cause of Death, First (Primary,) Child Birth

Second (Immediate,)

Duration of Last Sickness, one 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 23rd 1878

Undertaker, James P. Byrne

Place of Business, No 63 ½ Front St

Appleton M. D.
Medical Attendant.

Address 103 st Paul st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 23 1878 BALTIMORE.

Date of Death, Sunday Morning, December 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas C. Woods.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.} Widower.

Occupation, Laborer,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give street and number} 35 E. Monument St.

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, Four Hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial Dec 24th 1878

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Wilson Sims, M. D.
Medical Attendant.

Address, 25 Government St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH ROOM DEC 23 1878 BALTIMORE

Date of Death, December 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Shell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 38 Hillyard Pl.

Cause of Death, First, (Primary,) Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 24th 78.

Wm. D. Russell M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Oakland St.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Specia...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gosnell Yewell.

Sex, Male or Female, {Cross out the words not required in this line.} ...

Age, Eighty Some *Years,* ... *Months,* ... *Days*

Color, ...

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 296 Mt Vernon pl

Cause of Death, {First (Primary,) Old age

Second (Immediate,) ...

Duration of Last Sickness, Few months; unable for some months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 24th 1878

{*Undertaker,* J. B. Book

Place of Business, 707 W. Balto St

John Hood M.D.
Medical Attendant.

Address, 2 N. Calvert St.

DEC 23 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10h 20m P. M. 22nd December, 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Meade [illegible]

DEC 22 1878 BALTIMORE

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Seventy-nine *Years,* Three *Months,* Twenty-one *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford County, Maryland

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, { Give street and number. } N. E. corner of Charles & Lexington Sts

Cause of Death, { First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, Gradually sinking for six weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery

Date of Burial, Dec 24th 1878

{ *Undertaker,* Hy W. Mears

Place of Business, 416 N Gay St

Wm I. Worth M. D.
Medical Attendant.

Address 148 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special A...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

DEC 23 1878 HEALTH OFFICE BALTIMORE

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 298 Hamburg St

Cause of Death { First, (Primary,) Cold
Second, (Immediate,) Catarrh in head

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 24th 1878 James A Steuart M. D.

Undertaker, Owens & Whitely

Place of Business, S. Eutaw St *Address,* Comm of Health to Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~119 E Baltimore street~~ December 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ann Norris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* 7 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boarding House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 119 E Baltimore St

Cause of Death, {First (Primary,) Inflammatory Rheumatism / Second (Immediate,) Cerebral Imtation

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 26 1878

Undertaker, Thos C Hughes

Place of Business, 40 E Balto

E Goodall M. D.
Medical Attendant.

Address 217 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...al Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE DEC 23 1878

Date of Death, Dec 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friderich Walhelm [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 66 S. Central Aven.

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 24th 1878

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Esh. Schlenker

Place of Business, 214 Eastern Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. DEC 23 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Finnegan

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, About 35 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} No 4 Little Constitution St

Cause of Death, {First (Primary,) Alcoholism

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial Dec 23rd 1878

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 29256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

Date of Death, Dec 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence A[illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible] years

Place of Death, {Give street and number} No 20 Holliday St.

Cause of Death, First, (Primary.) Cold

Second, (Immediate,) Chronic bronchitis

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 29th 1878

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1878

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Coleman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 213 Linn st.

Cause of Death { First, (Primary,) Supposed to be Paralysis of Heart
Second, (Immediate,)

Duration of last Sickness, Sudden death.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 24th 1878

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave

Chas G Wheeler Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wusky.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, — *Years,* — 2 *Months,* — *Days.*

Color, White. *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 253 E. Ann St.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, 24 Decem 1878

D. J. Sullivan, M. D.
Medical Attendant.

Undertaker, John C. Stuck

Place of Business, 265 Aliceanna

Address 116 Thames St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 / 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Rebecca Ecks

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, One *Years,* [illegible] *Months,* fifteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 889 Franklin St

Cause of Death, First (Primary,) Cephalitis

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 24th 1878

Undertaker, E. A Blizzard

Place of Business, 201 Penn. Avenue

D L Rucker M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 2920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 22nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaret Rutter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years —

Place of Death, {Give street and number} cor Eutaw & Baltimore

Cause of Death {First, (Primary,) Peritonitis

{Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemetery

Date of Burial, Decbr 24 1878

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, H. Sander

Place of Business, 252 Canton ave

Address, 7 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kolle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 Years, Months, Days.

Color, White Sex,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 71 Hanover

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, ~~Dec 23rd 78~~ Balt Cemy

Date of Burial, Dec 25th 78

Wm Morris M. D.
Medical Attendant.

Undertaker, Rand & Bartlett

Place of Business, No 62½ W. Bell St Address 5 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lon Johnson

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 24th 1878

Undertaker, Fry & Bro

Place of Business, Boundary *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three *Years,* 4 *Months,* 1 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number} No 1 Hackett's ct

Cause of Death, First, (Primary.) unknown

Second, (Immediate,) Typhoid

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, December 24th

C B F Bohm *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* Cor Dolphin & Pac

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29264 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Richard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Colored.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, O

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 7 years

Place of Death, {Give street and number.} 2 Wallis Court.

Cause of Death, First (Primary,) Meningitis (Cerebral)

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, Dec 24 1878

Undertaker, Charles A White

Place of Business, 35 Hanover St

B Leonard *M. D.*
Medical Attendant.

Address 26 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Matilda Br[illegible]

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 32 E Eager St.

Cause of Death, First (Primary,) Degenerated Tubroid of Uterus

Second (Immediate,) Asthenia

Duration of Last Sickness, Abt 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 25

Undertaker, Charles L Bowers

Place of Business, 271 N Eutaw st

Geo L Kinnemon M. D.
Medical Attendant.

Address 13 E Fait St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 29266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

Date of Death, Dec. 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Bo[illegible]

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 77 Augusta St

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,) ——

Duration of last Sickness, About 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman *Address,* 37 [illegible]

G. Chester M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No 29267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gilbertson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 30 Biddle St

Cause of Death, {First (Primary,) Retired

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 25th 1878

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 29268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec.r 21.th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sofshia Gillis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, thirty One Years, 7m Months, — Days.

Color, Bright Mulattas

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County Md.

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number} # 14 Stockton alley

Cause of Death {First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,)

Duration of last Sickness, I think abou One Year. I attended her 4 days

All the above information should be furnished by the Physician.

Place of Burial, Levrel Cemetery

Date of Burial, Dec 26th 1878

{*Undertaker,* William Aburger / *Place of Business,* No 62 East St} *Address,*

J. G. Smithcum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 29269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23. 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Mahesty

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 21 *Years,* 6 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 257 Bank St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 26, 1878

Undertaker, M. A. Daugherty

Place of Business, 74 S. Broadway

Augustus Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Krauss

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Store 11 N. Eutaw

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran, Druid Hill Ave

Date of Burial, Dec. 24th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

C. J. Buddenbrock M.D.

Medical Attendant.

Address, 116 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ecial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 29271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 24th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dorst

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four (4) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Old City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 16 Anthony Street

Cause of Death, First, (Primary,) Scarlatinal Nephritis

Second, (Immediate,)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, L. C. of Towers Co

Date of Burial, Dec 26 1898

Undertaker, Geo. Ward

Place of Business, 302 N. Central Ave

S. W. Slurr M. D.
Medical Attendant.

Address, 1611 E Eager St Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Emory

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, colrd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labrer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 4 Fulton Alley

Cause of Death First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) [redacted] hemorrhage from lungs

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 78

Undertaker, Chas L Forsyth

Place of Business, 82 Butler

Edmund R Walker M. D.
~~Medical Attendant.~~

Address, Corner M P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 24 1878

CERTIFICATE OF DEATH.

Date of Death, December 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mc. Auliffe.

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 15 *Months,* 16. *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 76 S. Hugh St

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 25 1878

Undertaker, James P Byrne

Place of Business, N 63 n Front St

J. N. Hinck, M.D.
Medical Attendant.

Address, 76 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29274 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Neal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 10 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bouldin Alley near Baker St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial,

Chas E Sattler M. D.
Medical Attendant.

Undertaker, J. Blakston

Place of Business, Orchard St 54 *Address* 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Pumphrey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty *Years,* — *Months,* — *Days.*

Color, Color'd *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 1 Waters Court

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary H^r^ S Bruce M. D.

Medical Attendant.

Date of Burial,

Undertaker, T. Blakston

Place of Business, Orchard St. 54 *Address* Northwestern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1878 BALTIMORE

Date of Death, December 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leander Phillips

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 212 N. Caroline St

Cause of Death {First, (Primary,) Strangulated Hernia

{Second, (Immediate,) Peritonitis

Duration of last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 27 December

Undertaker, Fagen & Bro

Place of Business, Fayette & Broadway

L. L. Lynch M. D.
Medical Attendant.

Address, 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Birler

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 12 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot county Md

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} Biddle 2 doors from George St

Cause of Death, First (Primary,) Diphtheria Mal

Second (Immediate,) Debility & Septicaemia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet — D. R. Ahler

Date of Burial, Dec 25/78 *M. D.*

Medical Attendant.

Undertaker, R. Jennings

Place of Business, & 92 N. Wood *Address* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Philip Dickson

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, *Years,* 2 years *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 177 & 1/2 W. Washington St.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } No 177 1/2 St. Washington St.

Cause of Death, { First (Primary,) Diptheria Sore Throat
Second (Immediate.) Scarlatina & Malignia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemetery

Date of Burial, December 25th 1878 F. J. Lord M. D.
Medical Attendant.

Undertaker, H. H. Gilmeyer

Place of Business, 311 Canton Ave. *Address* No 177 Back St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 29279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Eck

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 188 N. Caroline St

Cause of Death { First, (Primary,) — / Second, (Immediate,) Convulsions

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec 26th 1878

{ *Undertaker,* H Hoeck / *Place of Business,* Central Av

J J Smith MD *M. D.*
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 25 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lina C Keel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, About four months.

Place of Death, { Give street and number } 19 S Fulton St

Cause of Death { First, (Primary,) Heart Disease of 6 Months Duration
Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, Fifteen minutes.

All the above information should be furnished by the Physician.

Place of Burial, Sheppard Town West Va

Date of Burial, Dec 26th 1878

Undertaker, Jos F. Young

Place of Business, 568 W Balto St *Address,* Lafayette Hall

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1273

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 29281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 25 1878

CERTIFICATE OF DEATH.

Date of Death, Samuel L Bradley. Dec 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel L Bradley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, Colored. *Sex,*

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Porter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 91. St Paul St. ~~Baltimore Co.~~

Cause of Death, First (Primary,) Fall from third Story window

Second (Immediate,) Internal Injuries.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 25. 1878

Undertaker, S. W. Chase

Place of Business, 198 E Howard St *Address*

Hart L Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Mitchell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 99 Orchard St

Cause of Death, {First (Primary,) Teething & Convulsions

{Second (Immediate,)

Duration of Last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29. 1878

{*Undertaker,* S. W. Chase

{*Place of Business,* 188 Howard St

W H Chilton M. D.
Medical Attendant.

Address, 190 Park

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bennett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number} 218 Lexington st.

Cause of Death { First, (Primary,) Not having the sick, or complaints
Second, (Immediate,) Paralysis of Heart, supposed to be.

Duration of last Sickness, sudden death.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemty

Date of Burial, Dec 26th 1878

Undertaker, Jos H Byrne

Place of Business, 59 n Liberty st

Geo C Gyle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 29284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Chenowith

~~Sex~~ *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, Miles

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number} 86 N. Pepplelan

Cause of Death {First, (Primary,) Dip. Croup

{Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cr

Date of Burial, Dec 26 1878

Undertaker, J. R. Blackistone & Co.

Place of Business, 606 Balt st

Chas. W. Chapman *M. D.*
Medical Attendant,

Address, 324 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Haughy

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Transportation agnt

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 48 S. Eden St

Cause of Death, First (Primary,) Inebriety

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 26th 1878

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Thos S. Latimer M. D.

Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 29286

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec - 24 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Frank Parton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 465 N Stricker St

Cause of Death, First (Primary,) Meningetis

Second (Immediate,) Convulsions

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 26 1878

Undertaker, Thos S Hughes

Place of Business, W E Baltimore

John S. King *M. D.*
Medical Attendant.

Address 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 29287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25-th 4 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hildegard

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* nineteen *Days.*

Color, Colored *Sex,* female

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 8 Beaufort St near Calvert

Cause of Death, First (Primary,) .....

Second (Immediate,) Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery Quinby D. Grant M. D.

Date of Burial, Dec 26 1878 Medical Attendant.

Undertaker, P. Mullin

Place of Business, Combridge St *Address* No 82 North St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

pecial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel M Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coal Merchant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} 13 & 15 Broadway

Cause of Death, First, (Primary,) Chronic Heart Disease and Bronchitis

Second, (Immediate,) .....

Duration of last Sickness, Probably for several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Decem 28th 1878 D W Cathell M. D.

Medical Attendant.

Undertaker, Murphy & Co

Place of Business, 65 & 67 Broadway *Address,* 2 & 4 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Verdiani

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7. Dover Street

Cause of Death { First, (Primary,) ; Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 26th 1878

Undertaker, C. F. Krouse

Place of Business, 209. Hanover St

James A Steuart M. D.

Address, Commrs of Health & Education

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Fitzpatrick

[OVER.]

...cial Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 29490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Ine Mullin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 208 E Chase st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 208 E. Chase st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Strangulation Laryngitis

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Dec 26 '7878

Undertaker, P. Mullin

Place of Business, Coubridge 84 *Address,* Canton near Bidder st

H. B. Billingslea *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
26
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah P. Durall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 45 N. Castle St

Cause of Death { First, (Primary.) Supposed fracture of the internal table of the skull
Second, (Immediate.) Epileptic mania

Duration of last Sickness, 22 Month ——

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 26. 1878

{ *Undertaker,* M. A. Dargen
Place of Business, 74 S. Broadway

J. J. Gross M. D.
Medical Attendant.

Address, 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25 - 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George J Helwig

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 63 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany Hessen Darmstadt Germ

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number } 110 155 S Bond St

Cause of Death { First, (Primary,) Chronic Hepatitis

Second, (Immediate,) Hemorrhages Hepatic

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 27

Undertaker, F. L. Schaefer

Place of Business, 109 N. Fremont

J H Carney M. D.
Medical Attendant.

Address, 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 29293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Maurice

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Junk dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 93 York st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 26 1878 Hanson Cook M. D.

Undertaker, C. F. Krause — Medical Attendant.

Place of Business, — *Address,* 446 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 29294

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

Date of Death, Dec 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Horace Bauer Parents

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 6 Months ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 Biddle alley

Cause of Death First, (Primary.)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1878

Undertaker, Horace Bauer

~~*Place of Business,*~~ Biddle alley

James A Steuart M. D.

~~Resident Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Joseph Vansant

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 29295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } H Bobrit

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 5 Months *Days.*

Color, White *Sex,* Female child

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 60 Mc Culloh

Cause of Death, { First (Primary,) Second (Immediate,) } Croup Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 26

Undertaker, C H Blizzard

Place of Business, 201 Pennsylvania Ave *Address* 867 Eutaw

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29296 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wolf Mary A

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 62 Short St.

Cause of Death, {First (Primary,) Trismus

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Point Lookout

Date of Burial, Dec 26 1878

Frances A. Bares **M. D.**
Medical Attendant.

Undertaker, S. Hartz

Place of Business, Superintendent *Address* 103 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 29297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Beacham

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Domestic Servant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 100 N. Central Avenue

Cause of Death, First, (Primary,) Tubercular Laryngitis

Second, (Immediate,) Inanition

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Dec 26 1878

John S Lynch M. D.
Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, Gay St. *Address,* 101 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29298 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gilford Cox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* (2) Two *Months,* Ten (10) *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 16 Stockholm St

Cause of Death, First (Primary,) ———

Second (Immediate,) Gastro Enteritis (Cholera)

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 29th

Undertaker, Hercules Bros.

Place of Business, 95 Conway St

Wm A Dunn *M. D.*
Medical Attendant.

Address 14 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 29299

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L Duckett

~~*Sex*~~, *Male or Female,* {cross out the word not required in this line.}

Age, Seventy five *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Trenton New Jersey

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number} Corner McHenry St & Lawson alley No 69

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Pneumonia

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laudenn Park cemetery

Date of Burial, Dec 27th 1878

Undertaker, I B Lamb

Place of Business, No 707 W Baltimore street

Samuel Culverline M. D.
Medical Attendant.

Address, 582 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 29300 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kronan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 3 *Months,* 25 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Retired Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hesse Cassell, Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 492 Franklin St

Cause of Death, {First (Primary,) Asthenia Lentis Exhaustion / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 27

Undertaker, H B Cook

Place of Business, 707 W Balto

Robt. H. Moffitt M. D.
Medical Attendant.

Address 64 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29301 // OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura*
t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas
ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGraw

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} Maryland near st

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 7 or a long time it for 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 26th 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

J Ridgway Shure M.D.
Medical Attendant.

Address, 121 S Bath st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} High St No 174.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) ~~2 days~~

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial Dec 26 1878

Chas S Mechon M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murray

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Entire Year

Place of Death, {Give street and number.} Market Between Eden

Cause of Death, First (Primary,) Cold Pneumonia

Second (Immediate,) Congestion Spinal Meningitis

Duration of Last Sickness, Over a week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 26 1878

Chas O'Donnell M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 S Front St

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Fricke

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* 3 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 N. Fremont

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Dec 28 1878

Undertaker, D. Kummel

Place of Business, Mulberry St

Attendant M.D.

Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Quinn

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months;* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 328 McDonough st

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery H. W. Nebler M.D.

Date of Burial, Dec 29th/78 Medical Attendant.

Undertaker, [illegible] *Address,* 57 Barre

Place of Business, Ashland Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29306

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 29306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec Eleven 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hellmuth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 *Years,* 11 *Months,* 7 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give street and number} 228 Baltimore Avenue

Cause of Death, {First, (Primary.) / Second, (Immediate.)} Gastro Enteritis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. } *Theodore Cotta* *M. D.*
Date of Burial, DEC 28th 1878 } Medical Attendant.

Undertaker, B. Hauke
Place of Business, Light St *Address,* 416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1878

Full Name of Deceased, { Write legibly and correctly. If an infant not named, give name of parents. } Mary F. Seal

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Lived with her father

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, Born here

Place of Death, { Give street and number. } 171 McCulloh Street

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) " " }

Duration of Last Sickness, About 6 years

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Dec 28th 1878

Undertaker, Stewart & Brown

Place of Business, 35 Park Ave *Address* 146 Park Av

H. O. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granite 1274

The Special Attention of Physicians is respectfully invited to the [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

Date of Death, December 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel K. J. Streett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Bacon Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 190 E Fayette

Cause of Death First, (Primary,) Sudden - Probably Cardiac Thrombosis

Second, (Immediate,)

Duration of last Sickness, Ailing for a few hours then a sudden seizure and death

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, Decembe 27th 1878

Undertaker, Wm H. Buckmaster

Place of Business, 623 & 1 Jay st

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

Date of Death, Dec 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen McEvoy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow, Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 40 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 16 Wilcox St

Cause of Death { First, (Primary,) ——— / Second, (Immediate,) Old age

Duration of last Sickness, 4 to 5 years gradually failing

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, Dec 27. 1878

Undertaker, Weidefeld

Place of Business, Guilford Ave

James A. Steuart M. D.

~~Attending Physician~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

Date of Death, Dec 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lohn Adam Bauer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number.} 75. O'Donnell St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) "

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery J. N. Martin *M. D.*

Date of Burial, December 28th 1878 Medical Attendant.

Undertaker, H. M. Gilmeyer

Place of Business, 311 Eastern Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Langrehr

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* 1 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saint Germain

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 342 Aliceanna bet. Ann & St. Wolfe

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, 2 mos 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mayers Grave yard

Date of Burial, December 28th 1878

Chas E. Emmille M. D.
Medical Attendant.

Undertaker, H. Gieseye

Place of Business, [illegible] *Address,* 119 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 27 1878

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Spence

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number} 206 Front St

Cause of Death, First, (Primary,) Ulceration of the Stomach

Second, (Immediate,) — do —

Duration of last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 28th Dec 1878

Undertaker, H N Bautkin

Place of Business, 16 Light St

W. A. Dohme M. D.
Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B. Bayard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Delaware

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 241 Cathedral St.

Cause of Death, First (Primary,) Bright Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, Almost a month

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, Dec 29th

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Wiggin Bucken M. D.

Medical Attendant.

Address 135 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 12/75

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank D. Sporrer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 Years, 5 Months, 4 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 294 W. Pratt st.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, Dec 27 1878

Undertaker, Henry Hoerle

Place of Business, 389 W. Centre st

P. G. Daniel, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

Date of Death, Dec 26 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Lilly

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 S *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 1 mo

Place of Death, {Give street and number} 41 Columbia St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Scarlet fever & Diphtheria

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, A A Co by Steam Boat

Date of Burial, Dec 28th 1878

Undertaker, John S Mosher

Place of Business, No 150 Camden St

J H Hurley *M. D.*
Medical Attendant.

Address, 76 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Frances 7276

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27, 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Died shortly after birth *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Found on Eager St Entrance on N E Station

Cause of Death, First (Primary,) Unknown { Jury Verdict

Second (Immediate,) "

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, December 26

Undertaker, Patrick Mullin

Place of Business,

Edmund R Walker M. D.
Medical Attendant.

Address Coroners M E D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27, 1878 BALTIMORE

Date of Death, Decem. 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Estella Eberight

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two Years, and Two Months, Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 309. W. Hoffman St

Cause of Death, {First (Primary,) Second (Immediate.)} Diptheria

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetry

Date of Burial, December 27 1878

Undertaker, Mathew Cadogan

Place of Business, 230 Mulberry St

Samuel H. Henry M. D.
Medical Attendant.

Address 198. Bond Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29318 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda M Fadden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forrest St No 324

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 12 dys

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery C S Mahon

Date of Burial, Dec 27 1878 M. D.

Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, N Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Linard (Linard)

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlisle Penn.a

Duration of Residence in the City of Baltimore, upwards of fifty years

Place of Death, {Give street and number.} No 16 Clinton Street

Cause of Death, {First (Primary.) / Second (Immediate,)} Old age

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, December 29th 1878

Wm Dinsay M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* No 14 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 27 1878

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George anne Rose (Mother)

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Bankard's alley

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem'y — James A Steuart M. D.

Date of Burial, Dec 27 1878 — ~~Undertaker~~

Undertaker, Francis Foreman

Place of Business, 282 W Baltimore *Address,* Comm'r of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Isidor Vansant

...Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 29321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Larkin Hamilton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* ... *Months,* ... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicott City Md.

Duration of Residence in the City of Baltimore, 41 yrs

Place of Death, {Give street and number} 142 Gough St.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Pneumonia (Double)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 29. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway,

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harriman Shaffer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 67 Lemmon St

Cause of Death { First, (Primary,) about 4 days
Second, (Immediate,) Pneumonia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bapt. Cem.

Date of Burial, Dec. 28th 1878

{ *Undertaker,* John P. Pauley
{ *Place of Business,* 66 Frederick

W. McAllen M. D.
Medical Attendant.

Address, 832 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

STATE DEPARTMENT OF HEALTH DEC 27 1878 BALTIMORE

Permit No. 29323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bucher

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 85 Poppleton St.

Cause of Death First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, D. Johnsons Cemetery

Date of Burial, 28th Dec

Undertaker, P. Kummerd

Place of Business, 317 Mulberry

D. G. Keller M. D.
Medical Attendant.

Address, 89 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 27 1910 BALTIMORE

Permit No. 29324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kothe

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* 5 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her lifetime

Place of Death, {Give street and number.} N. Calhoun St 454

Cause of Death, First (Primary,) Internal abscess

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 29th December

Undertaker, Hummert

Place of Business, Mulberry St.

L. F. Reinhardt M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August J. Hettche Hall

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 8 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 32 Street N.

Cause of Death, First (Primary,) Obstruction Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 28th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts.

W. H. Buckler M. D.
Medical Attendant.

Address, 614 S Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 78

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel R. Sunnucks

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 74 Fremont St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 28th 78

Undertaker, C. H. Bryan

Place of Business, 209 Penna Ave

D. Keller M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...s Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Riley Goodhand

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 58 *Years,* 11 *Months,* 6 *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac C. Va

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number.} 22 N. Fremont St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Ce

Date of Burial, Dec 27 1878

Undertaker, J. B. Blackistone

Place of Business, 666 Balto St

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Gatherd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number} 1.16 N. Exeter

Cause of Death, First, (Primary,) Diabetes

Second, (Immediate,) .....

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 29th 1878

Undertaker, A. J. Offutt

Place of Business, 214 E. Saratoga St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Isabella Meisner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 244 Aisquith

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Extension of Disease into Larynx

Duration of last Sickness, About 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 29th/78

D M Cattell M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square. *Address,* 2 N Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 29330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

Date of Death, 27th December 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Seebode

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 37 *Years,* 5 *Months,* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 262 Light st

Cause of Death, {First (Primary,) Brights Disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 29th 78

Undertaker, George Schilling

Place of Business, Ashland Square

J W Webster M.D.
Medical Attendant.

Address, 57 Burnes

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 29331

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dickman Jr

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* 8 *Months,* 23 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 179 Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorrhage from the Stomach

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Lot

Date of Burial, Dec 29th 1878

Undertaker, C. Miegaud

Place of Business, 53 Druid Hill Ave

Medical Attendant. M. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. (OVER)

The Special Attention of [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 29332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Isaac Guy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 113 N. Eden St.

Cause of Death First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 8

Undertaker, [illegible]

Place of Business, [illegible]

Wm H Cudmore M. D.
Medical Attendant.

Address, No 102 N Gaines

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Rogers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 317 Dover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Dec 28th 1878

Undertaker, W B Leech

Place of Business, No 707 E Baltimore street

James Bailey M. D.
Medical Attendant.

Address 317 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

Date of Death, Dec 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar S. Bassford

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} No 447 W. Lombard

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Ten (10) months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Dec 29 th 1878

H. L. Spruce M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Henry

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Canal alley & Park Ave

Cause of Death First, (Primary,) ague & Fever

Second, (Immediate,) Remittent Fever

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 28 1878

~~*Undertaker,*~~ Jane Berry

Place of Business, State St

James A Steuart M. D.

~~*Address,*~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Thomas Moore

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 4 Clarkson Alley,

Cause of Death { First, (Primary,) Inflammation of the Lowels.
Second, (Immediate,) Convulsions.

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent cemetery

Date of Burial 29 Dec 2 Oclock P

Edward P. Endicott M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eason Street

Address, 137 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27" 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McElwee

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 289 Eastern Avenue

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Inanition

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Dec 28" 1878

James A Steuart M. D.
Medical Attendant.

Undertaker, George Gehlmeyer

Place of Business, Eastern Ave

Address, Comm'r of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by. B. Riggs S. P.

...Special Attention ... ...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED DEC 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bently Grotten

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 94 Tyson St below Monument & Madison St

Cause of Death { First, (Primary,) Second, (Immediate,) } Inanition

Duration of last Sickness, week & deliver all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Dec 28th 1878

James A Steuart M. D.

Undertaker, Wm Jas Gray

Place of Business, Mulberry St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by - E. Wenman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Blank

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 3 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 Harrison St

Cause of Death, First (Primary,) Burn

Second (Immediate,) Nervous Exhaustion by Pain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 29

{*Undertaker,* John Heaney.
Place of Business, 386 Orleans St.

G. Lehmann, M. D.
Medical Attendant.

Address 223 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 29340

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Spriggs Smith

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ——— *Years,* — *Months,* 19 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 43 Perry St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Infantile Diarrhoea

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, 28 December 1878.

Undertaker, James O Byrne

Place of Business, No 63 N Eutaw St

By Leonard Gutt M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph W. Culloyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, 3. *Years,* 7 *Months,* 14 " *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 245. Dolphin St

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, new Cathedral Com

Date of Burial, Dec 29th 1878

Undertaker, Wm T Screven

Place of Business, 271 N Eutaw St

Address

Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Thomas

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ or Female

Age, 3 *Years,* ..... *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 75 E. Chapel St.

Cause of Death, { First, (Primary,) Scarlatina (malignant) / Second, (Immediate,) Coma

Duration of last Sickness, Forty eight hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 29 1878

Undertaker, A. Kuhler

Place of Business, 244 E. Lombard

H. G. Lurz M. D.
Medical Attendant.

Address, Balt & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1878 REGISTERED

Permit No. 29343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lenard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 262 S. Charles St

Cause of Death, First, (Primary,) Inflammation of Stomach & Bowels

Second, (Immediate,) Exposure

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 29 1878

..... M. D.
Medical Attendant.

Undertaker, Arnold Denny

Place of Business, Light St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29344

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Groh —

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 20 years —

Place of Death, {Give street and number} 6. N. Central ave

Cause of Death, First, (Primary,) Carbuncles.

Second, (Immediate,) Softening of the brain

Duration of last Sickness, about one year —

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 29. 1878

Undertaker, J. L. Rossiter

Place of Business, 9. Orleans St

H. A. Dohme — M. D.
Medical Attendant.

Address, 46 E. Fayette Str —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DUPLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 28 1878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Stanmore

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 25 *Years,* 0 *Months,* — *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } West Indies

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and number } No 287 Eastern Ave

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Epilepsy

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Dec 29 1878

Undertaker, William Menger

Place of Business, No 62 East St

S. Atkinson M. D.
Medical Attendant.

Address, Cor Eastern & Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Catherine Ann Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 Years, 7 Months, 5 Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Vine St / Balto No 222

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Levil Cemetery

Date of Burial, Dec 28/78

Undertaker, William Deuge

Place of Business, No 62 East Street

H. Cowden M. D.
Medical Attendant.

Address 360 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mathews Co Va

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} Raborg St No 134

Cause of Death, First (Primary,) Phthisis Pulm

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28 1878.

Undertaker, S. McChase

Place of Business, No 192 Broadway *Address* 58 South Sharp St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE

Permit No. 29348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A. Elsey

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 78 *Years,* 7 *Months,* 26 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Worcester Co Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little Mt Elderry rd 45

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, Confined to her room 4 months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Dec 29 1878

Undertaker, W H Chase

Place of Business, 76 1/2 Howard st

E. E. Baldwin M. D.

Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

29349

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 28 1895 BALTIMORE

Permit No. 29349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roscoe

Sex, Male or Female, {cross out the word not required in this line.}

Age, Forty Six *Years,* Eleven *Months,* Eighteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pennsylvania

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number} 74 Lancaster St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Breast

Two years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec. 29, 1895

Nicholas Dodd M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1898 BALTIMORE

Permit No. 29350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 98

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francisco Braunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 410 1 Dove St

Cause of Death, {First (Primary,)} Diphtheria {Second (Immediate,)}

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetary

Date of Burial, Dezember 29 1898

{*Undertaker,* P. F. Dill

Place of Business, 189 Columbia Av

J G Wandlh *M. D.*
Medical Attendant.

Address 2013 Sanchard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29381 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Mc Donell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* ~~10~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Also her Life

Place of Death, {Give street and number.} 352 N Stricker st. Baltimore

Cause of Death, First (Primary,) Ovarian Tumour

Second (Immediate,) Paralysis

Duration of Last Sickness, 15 Days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 29th

Undertaker, Blackistone & Son

Place of Business, Baltimore St Between Fremont & Appleton

John T. King M. D.
Medical Attendant.

Address 356. Stricker St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29352

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rawe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1. *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 118 Ridgley St

Cause of Death, First, (Primary,) Malorial Fever

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, December 29th

Undertaker, Joseph T Byrne

Place of Business, 59 Liberty

Thomas Cord M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 28, 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Gaughren

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Forty Seven *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } Block St.

Cause of Death, First, (Primary.) Concussion of Brain

Second, (Immediate.) —

Duration of last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Decem 30th 1878

D. C. Ireland M. D.
Medical Attendant.

Undertaker, Murphy & Co

Place of Business, 65 S Broadway

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Hand

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 281 E. Pratt St.

Cause of Death {First, (Primary,) Dysentery. Second, (Immediate,) Fever.

Duration of last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial Gardenville Balt Co.

Date of Burial, Dec 29th 1878

Undertaker, F. X. Troll

Place of Business, #131 Hanover St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29355

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1878 BALTIMORE

Date of Death, Dec. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cook

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 14 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Lloyd St

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Dec 30th 1878

Undertaker, W. P. Cook

Place of Business, No 707 W Baltimore street

A. Lucy Thurston M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 29356 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 26 Dec 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

X *Age,* 32 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

X *Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Queenann County

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 27 Norris alley Balto. Md.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Physis Pulmonalis

Duration of Last Sickness, About Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 29th 1878

Undertaker, Wm H Dungee

Place of Business, No 10 Stockton Alley *Address*

La. S. Fulles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Deeken Dickson

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 59 Years, Months, Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Deceased

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, 5 weeks,

Place of Death, {Give street and number} University Hospital.

Cause of Death: First, (Primary.) Heart Disease.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Bible Cemetery

Date of Burial, Dec 27th 1878

Undertaker, Jno A Kerchner

Place of Business, 50 S Carrollton Ave

I. L. Ewell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Burkhardt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven yrs.

Place of Death, {Give street and number} 348 E. ~~Balt. St~~ Lombard.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) & Laryngitis

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, I. C. Hebrew Cemetery

Date of Burial, Dec 31

G. Glanville Leak M. D.
Medical Attendant.

Undertaker, Franklin Lifsey

Place of Business, 1 & 1 Bond St. *Address,* Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Rules to be found on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Guetts

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia 25 yrs. in America

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} St. Josephs Hospital

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) asthenia

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 31st 1878

Chas Carter M. D.
Medical Attendant.

Undertaker, Mr. Shilling

Place of Business, Merit + Guy *Address,* 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia Parry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Middlesex County Va.

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} In 221 Lee St. B. City

Cause of Death, {First (Primary.) Phthisis Pulmonalis
Second (immediate,)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 30th 1878

Undertaker, John L. Marchon

Place of Business, No 150 Camden St

Pembroke W. Wemble M. D.
Medical Attendant.

Address No 200 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 — 1878 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Cornish

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 98 *Years,* 9 *Months,* 10 *Days.*

Color, Negro — *Sex,* — Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Biddle Alley

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) — Phthisis

Duration of Last Sickness, 1 year —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 31

{*Undertaker,* J. Innes Brockbank / *Place of Business,* 57 Cockeysville Rd

W. H. B. Silliman — M. D.
Medical Attendant.

Address Carrollton Ave & Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29362 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Fully

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 141 Mulberry St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 31st 1878

Undertaker, Joseph F Byrne

Place of Business, 69 n Eutaw

Edw F Mitchell M. D.
Medical Attendant.

Address, 27 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Chas Knoop (Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Foot of Mill Street

Cause of Death {First, (Primary,) Second, (Immediate,)} asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 30 1878

Undertaker, Jacob Mullen

Place of Business, Harrison St *Address,* Corner of Wells & Wagoner

Stuart Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pratt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} N. Carolina

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, One Year 11

All the above information should be furnished by the Physician.

Place of Burial, Westminster Burial Ground

Date of Burial, Dec. 30th 1878

Undertaker, Wm. H. Hickman

Place of Business, 134 N. Gay St.

Louis Faweett M.D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Permit No. 29365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 December 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharina Steinenburg

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} United states of America

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} W Baltimore St. 464

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 31 December

Undertaker, J. Teufel

Place of Business, W Baltimore St.

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Anna Scheetz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} No 524 Canton ave

Cause of Death, First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,) Dropsy

Duration of last Sickness, — Six Months —

All the above information should be furnished by the Physician.

Place of Burial, E. Pebble Cem'y

Date of Burial, Dec 30 1878

Undertaker, P. Mullin

Place of Business, Cambridge St *Address,* 92 Jackson Place

Thomas J. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Joseph Shalley

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dairyman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 71 Boyd St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Phthisis pulmonalis

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, December 30 1878

Undertaker, Mathew Cadogan

Place of Business, 230 Mulberry St

W. Keating M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Thurman

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 31 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } No 272 Canton av,

Cause of Death, First, (Primary,) Intussusception

Second, (Immediate,) Septicaemia

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Decbr 30 1878

Undertaker, Henry Sander

Place of Business, 252 Canton av *Address,* ____

L O Kirkerman M D
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgia Matthews

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, About 16 hours. ~~Years.~~ ~~Months.~~ ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 16 Lanvis Al

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Lanvis Al

Cause of Death, First (Primary,) Difficult & Prolonged Labor. caused by large size of child and Contracted & malformed pelvis of Mother

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonn Bery

Date of Burial, Dec 30th

Undertaker, Jos. Lafferan

Place of Business, 121 Eutaw

Jno. G. Lang M. D.
Medical Attendant.

Address Park Ave & Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph & Olevia Fowler

Sex, Male or Female, {cross out the word not required in this line.} Boy

Age, ... *Years,* ..... *Months,* 11 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 4 Rose Walk alley

Cause of Death First, (Primary.) Exhaustion

Second, (Immediate,) ——

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Western Pub. Cemetery

Date of Burial, Dec 30th 1878

Undertaker, H. Kuchner

Place of Business, Carroll Ave

James A Steuart M. D.

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Tansant S. I.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burkhurst

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 0 Years, 6 Months, 0 Days. ½ h.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 20 min.

Place of Death, {Give street and number.} 162 W. Conchard St

Cause of Death, First (Primary,) Protracted Labor - (membranes ruptured for 24 hours & long past liquor amnii) Fluid drained off & dilled uterus

Second (Immediate,) Asthenia (uterus by uterine contractions)

Duration of Last Sickness, 20 min.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery *David Shand* M. D.

Date of Burial, Dec 30 1878 Medical Attendant.

Undertaker, P. Moullin

Place of Business, Conbridge St *Address* 162 W. Conchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... Months 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ House 2 weeks

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Exposure
Second, (Immediate,) Spasm

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial Dec 31. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Harbury Brewer M. D.
Medical Attendant.

Address 6 & McCulloh Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* ~~Months,~~ 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ House 5 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) Exposure

Second, (Immediate,) Spasms

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 31. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29374 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 30 1878 BALTIMORE

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Lauch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 110 Low St Boalt

Duration of Residence in the City of Baltimore, 4 mo 10 das

Place of Death, {Give street and number.} 110 Low St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Suffocation

Duration of Last Sickness, 9 or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurial cemetary

Date of Burial, Dec 30 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

E J Watts M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Thompson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, White Washer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Native of Virginia

Duration of Residence in the City of Baltimore, Has always lived here

Place of Death, {Give street and number.} 20 Greenmount St

Cause of Death, {First (Primary,) old age

Second (Immediate,) Retention of urine from enlarged prostate

Duration of Last Sickness, Two Days. (Found at Home)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1878

Undertaker, P. Kummert

Place of Business, 317 Mulberry St

D. W. [illegible] M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 4 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 185 Druid Hill Avenue

Cause of Death, First (Primary,) Cancer. Breast

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 31 1878

A J Bell *M. D.*
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, Penn Ave *Address* 306 Martin Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29378

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarha Gray

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 2 *Months,* *Days.*

Color, White

~~*Married, Single,* *Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Shakopee Minnesota

Duration of Residence in the City of Baltimore, about 5 mos

Place of Death, {Give street and number.} No 141 N. Fulton st

Cause of Death, First (Primary,) Diphtheria maligna

Second (Immediate,) Post. diph. prostration & Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, A. H. Blizzard

Date of Burial, Dec 31 1878

Robert H. Smith M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address 64 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29 379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Eichinger

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No. 7 Perry Street

Cause of Death, First (Primary,) Catarrhalic Pneumonia

Second (Immediate,) Acute Miliar Tuberculosis.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 31st 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Crossatt

Henry Salzer M.D.
Medical Attendant.

Address, 162 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas Cavanaugh

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, 55 *Years,* — *Months,* — *Days.*

Color, Wht *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Salesman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } #52 N Bond St

Cause of Death, { First (Primary,) Suicide — Cut his throat
Second (Immediate,) with a Razor

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Lot 15 Wards Chapel H. E. Hooks M. D.
Medical Attendant.

Date of Burial, Dec 31st 1878

Undertaker, Wm S Hughes *Address* 241 E Balto St

Place of Business, 60 E. Balto St
238 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 Dec 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Clare Harmon

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 20 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, No

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 260 Myrtle Ave

Cause of Death, First, (Primary,) Phthisis Pulm's

Second, (Immediate,) 20 20

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 1st 1879

Undertaker, John R. Weaver

Place of Business, 422 N. Fayette St

F. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 29382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

...ate of Death, Dec 29th 78

... Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Catherine Madonny

...ex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Eutaw's Ct

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, Between 3 & 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 31st 78 Jno. S. Hays M. D.

Medical Attendant.

Undertaker, Wm Long Jun.

Place of Business, 60 Pulteney St *Address,* Balt. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2, And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Skinner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 50

Place of Death, {Give street and number} 10 Salsbury alley

Cause of Death { First, (Primary,) ~~Dropsy Supposed~~

Second, (Immediate,) Cirrhosis of Liver (Supposed)

Duration of last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec. 31st 1878

Edmund D Walker *M. D.*

~~Medical Attendant.~~

Undertaker, Wm N Dungee

Place of Business, 62 East St

Address, Corner M St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Hauck

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} N: 4 Ramsey St.

Cause of Death, First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,) General Anasarca & Uræmia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Dec 31st 1878

Undertaker, Hughes Bro

Place of Business, 0550 W Fayette St

Henry Salzer M.D.

Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stultz (Stultz) Stultz

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Chicago Ill.

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 141 N Stricker st

Cause of Death, {First (Primary.) Laryngitis Croupous

Second (Immediate,) Deficient aeration of blood

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 31

{*Undertaker,* John Teufel.

Place of Business, 616 W. Balt

[illegible] M.D.

Medical Attendant.

Address, 132 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Frederick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 3 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 mo. 3 days.

Place of Death, {Give street and number.} 4 Florist Alley Court

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,) "

Duration of Last Sickness, 1 mo. 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 31st 1878

Eldridge C. Price M. D.
Medical Attendant.

Undertaker, B. James Gray

Place of Business, 55 Hillyard St. *Address* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Florence Hooper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 37 L. Charles St Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} as above

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Septicemia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 31, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Geo. H. Dr Hendersen M. D.
Medical Attendant.

Address 1 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Ernst Klein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* Five *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {~~Cross out the words not required in this line.~~}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Belair Road

Cause of Death, {First (Primary.) Diphtheritic Laryngitis / Second (Immediate.)}

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 31st 1878

{*Undertaker,* Wm. H. Stickman / *Place of Business,* 234 N. Gay St.}

W. H. White, M. D.
Medical Attendant.

Address 341 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 29389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Montague

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Baltimore city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 71 Pearl street

Cause of Death, First, (Primary,) Diphtheria Maligna

Second, (Immediate,) ____

Duration of last Sickness, about 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 31. 1878

Undertaker, M. Cadogan

Place of Business, 230 Mulberry st

D Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Montague

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 71 Pearl st

Cause of Death, {First, (Primary,) Diphtheria Malignes; Second, (Immediate,)

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 31. 78

D J Darling *M. D.*
Medical Attendant.

Undertaker, Mr. Cadogan

Place of Business, 230 Milberry st *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Watts

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 25 *Years,* 6 *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prince Georgi's Co. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 158 Preston St

Cause of Death, First (Primary.)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, ~~Dec~~ 3 Jan 1879

Undertaker, John C Gordon

Place of Business, 63 Park Ave

J. A. Gillis M.D.

Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 29395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 31, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arnold Ettenhead

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy four *Years,* — *Months,* — *Days.* 74

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Jeweler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 122 E. Fayette St.

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 2nd 1879

Undertaker, Thos L Hughes

Place of Business, 60 E Baltimore

W. E. Ireland M. D.
Medical Attendant.

Address, Corner E & St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Fleilmann

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 4 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 72 Beason st Locust Point

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Hollywood

Date of Burial, Jan 2, 1879

Undertaker, Henry Keech

Place of Business, 307 Eastern Ave

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

Date of Death, Dec 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Hark

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Common

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Coxalgia

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Public Cem

Date of Burial, Dec 31st 1878

Undertaker, Fred C A Keerbus

Place of Business, 508 S Carrollton Ave

J. L. Powell

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 29395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 250 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Marion Pucklass

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 33 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, [redacted] Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, No 2 Life

Place of Death, {Give street and number} No 243 Bank St

Cause of Death, First, (Primary,) [blank]

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 1st

Undertaker, Hendkine Dippel

Place of Business, 151 S Bond St

Thomas R Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Verdciani

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Dover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 31 1878

Undertaker, C. F. Krause

Place of Business, 1 Hanover St

James A Lewis M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BMC 1878

Permit No. 2937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann & John Tracy (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1/3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 78 Hanford Avenue

Cause of Death {First, (Primary.) Premature

{Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 30th 1878

James A Steuart M. D.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Green Mount *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 29398

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Haas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #307 Alice Anna St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan 1st 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, C. Eckhardt

Place of Business, 269 Canton Ave *Address,* #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Roberts

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* one *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Wolf St one door from Jefferson

Cause of Death, First, (Primary,) Trush

Second, (Immediate,) Inanition

Duration of last Sickness, all it's life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 31st 1878

Undertaker, Fry & Brn

Place of Business, Broadway

[signature] M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulbourn

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Morgan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 mo *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 yr 1 mo

Place of Death, {Give street and number} No 317 N. Howard St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Saint Johns. York Road.

Date of Burial, Jany 1st 1879

J H Baldwin M. D.
Medical Attendant.

Undertaker, Wm E. Chenoweth

Place of Business, 341 Penna Ave Cor Mosher St

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED DEC 31 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jimmie Reynolds

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} F

Age, 12 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ~~# 534 N. Gay St.~~ From birth

Place of Death, {Give street and number} # 534 N. Gay st.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Apnoea

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec. 1st 1879

Geo. A. Wastman M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, # 61 N. Gay St. *Address,* # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hall

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Oyster dredger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} In rear of 153 York St. between Hanover & Sharp Sts

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) 4 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cemetery

Date of Burial, Jan 1 1879

Undertaker, F. A. Kerchner

Place of Business, Car ave

Wm A Stewart M. D.

~~Medical Examiner~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Jal Vansant

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ... Lewand

Sex, Male or Female, {cross out the word not required in this line.} ...

Age, ... *Years,* ... 2 ... *Months,* ... *Days.*

Color, ... White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ... Baltimore

Duration of Residence in the City of Baltimore, ... 2 yrs

Place of Death, {Give street and number} ... 246 Eastern Av

Cause of Death { First, (Primary,) ... Pneumonia
Second, (Immediate,) ... Pneumonia

Duration of last Sickness, ... 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 1st 1879

Undertaker, H. Eberlein

Place of Business, 246 Eastern Av

Address, ...

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Wade.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 58 *Years,* 1 *Months,* 21 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} N.° 282 S. Bond St

Cause of Death, First (Primary,) Aneurysma Arc. Aortae.

Second (Immediate,) Suppuration.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, January 3d 1879.

Undertaker, Leonhard Kurz

Place of Business, S. Bond St. N.° 282

Henry Salzer M.D.
Medical Attendant.

Address, 168 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

Date of Death, Dec 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Chesley

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} No 248 E Monument St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cardiac disease with Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 1st 1879

{*Undertaker,* George Schilling

{*Place of Business,* 18th and Lyman

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 181 N High

Cause of Death, First (Primary,) Dying when called, could not examine

Second (Immediate,) Probably congestion of Lungs

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 2nd/79

Undertaker, George Schilling

Place of Business, Ashland Square

George Reynolds M. D.
Medical Attendant.

Address 43 E. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Finch

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 117 Jefferson E

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown - was called to see Dec 31

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemetery

Date of Burial, Jan 1st 1879

Undertaker, C. Eckhardt

Place of Business, 269 Eastern Ave *Address,* 137 Orleans St

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Schafer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Years, Five Months, Eight Days.

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 703 W. Fayette St.

Cause of Death { First, (Primary,) "Diphtheria"
Second, (Immediate,)

Duration of last Sickness, About one Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 2 January

Undertaker, A B Cook & Co

Place of Business, 707 West Baltimore St

Jas. L. Smithson M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No: 29409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879

CERTIFICATE OF DEATH.

Date of Death, January 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E Hack

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 57 Granby St

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) & Exposure

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 2. 1879

Undertaker, M. A. Gaegi

Place of Business, 74 S. Broadway

Edmund R Walker M. D.
Medical Attendant.

Address, Comm Mo P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schaffer,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 Wks. in Hospital 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 2 1879

Undertaker, James Donohue

Place of Business, Cathedral St. Ex

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Dec 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard McFadden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2. *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 324. N Arrest St Dispensary

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery O S Mahon *M. D.*

Date of Burial, Jan 2 Medical Attendant.

{*Undertaker,* W H Heckman *Address*

{*Place of Business,* 234 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 29412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 77 Gordon alley

Cause of Death, First, (Primary,) /

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 2nd Jan 1879

Undertaker, J Gavin

Place of Business, No 103

Thos Scott M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Dec 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* hours 2 4

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} M D

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Clayton Court

Cause of Death, First (Primary,) Premature birth

Second (Immediate,)

Duration of Last Sickness, Whole life

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetry

Date of Burial, January 2-d 1879

Undertaker, Wm N. Dyer

Place of Business, No 10 Stockton Alley

James Bailey M. D.
Medical Attendant.

Address 319 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia O'Neal

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 4 N. Freemont St.

Cause of Death First, (Primary,) Congestion of the Brain

Second, (Immediate,) " " " "

Duration of last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Bonn Brey

Date of Burial, Jany 3rd 1879

Undertaker, Jno. E. Chenowith

Place of Business, Cor Mosher & Aisquith

J. T. Christian M. D.
Medical Attendant.

Address, 43 Lemmon Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The special attention of Physicians is especially invited to the Rules and Regulations on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geo Weichmer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 360 Penn Ave

Cause of Death { First, (Primary,) accidental
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Bloome

Date of Burial, Jany 3d 1879

Undertaker, J E Blough

Place of Business, 319 Penn Ave

Geo C Pile M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Dec. 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Staley.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23. *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Patterson ave: 5th St.

Cause of Death First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, Jany 2d 1879

G. W. Annis M. D.
Medical Attendant.

Undertaker, J. E. Hough

Place of Business, 319 Penna ave Address, Cor Preston & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Jan 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Brand

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 173 Government Row

Cause of Death, First, (Primary,) Bronchial Pneumonia

Second, (Immediate,)

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 2 d 1879

Undertaker, H C Middleton

Place of Business, 92 Guilford Av

Wilson Painter, M. D.
Medical Attendant.

Address, 20 E Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Dec 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Braden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number.} 276 Pratt St

Cause of Death, First (Primary,) old age

Second (Immediate,) "

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 2nd 1879

Undertaker, Chas T Devine

Place of Business, 2218 Eutaw st

[illegible] *M. D.*
Medical Attendant.

Address "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29419

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 2 1879

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ January 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G Montague

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 71 Pearl Street Balt city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 71 Pearl Street

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Diphtheria Maligna

Duration of last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 2nd 1879.

Undertaker, Mathew Cadegan

Place of Business, 230 Mulberry St.

H Darling M. D.
Medical Attendant.

Address, 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

Date of Death, January 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Thomas Jones

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, two hours *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life resident

Place of Death, {Give street and number} North St. No. 135

Cause of Death { First, (Primary,) Premature birth
Second, (Immediate,) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Cemetery

Date of Burial, Jan. 2d 1879

Undertaker, P. Mulligan

Place of Business, E. P. Cem

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number} 77 Mulliken Ln

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Convulsions
Unknown

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Jan 2nd 1879

Undertaker, Fred J Locke

Place of Business, 13 Jefferson St

J. Dlyn Jr. M. D.
Medical Attendant.

Address, 137 Orleans Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Gertrude Wallace

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 183 Mulliken st

Cause of Death First, (Primary,) Congestion of Lungs

Second, (Immediate,) ———

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 3rd 1879

Undertaker, Theo J Locke

Place of Business, 73 Hoffman St *Address,* 21 N Broadway

D M Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KELLY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gev. Rohman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 16 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 225 N. Bond Street

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Malignia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount~~ Saint Mary

Date of Burial, June 2d

Undertaker, M. Funk

Place of Business, 35 Bank St.

Jas. E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29424

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29424

HEALTH DEPARTMENT
DEC 12 1879
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemb- 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ida Way

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} " "

Occupation,

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} No 14 Bolton st

Cause of Death, First, (Primary.) "

Second, (Immediate.) Pneumonia

Duration of last Sickness, 2nd Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae

Date of Burial, Decm 12th 1879

Undertaker, Wm E Clemmitt

Place of Business, Cor Madison & Pa Ave

J H Baltzen M. D.
Medical Attendant.

Address, 13 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Durham

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single, Widow or*~~ [redacted] {Cross out the words not required in this line.}
Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 58 Ross st

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Jan 2. 1879

Frank R Gumen M. D.
Medical Attendant.

{*Undertaker,* John A Gordon
Place of Business, No 68 Park Ave

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1879 116

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Mills

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 154 S. Green St.

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Pericarditis

Duration of last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemty

Date of Burial, Easter 3rd 2 P.M.

R. J. L. Tall *M. D.*
Medical Attendant.

Undertaker, Thos. A. Pounder

Place of Business, No 518½ W. Balto St

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2911-21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Diggs

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 30 Eutaw near Mulb

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 2d 1879

Undertaker, H. C. Sanders

Place of Business, 252 Canton Av

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 2-1 *Days.*

Color, White ; *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 314. N Munro St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, West-Lonsdale

Date of Burial, Jan 3d — 1879

James J Bowley M. D.

Medical Attendant.

Undertaker, Jas S Blackistone

Place of Business, Fayette-n-Bath

Address 31 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Rowe Forrest

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 23 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 45 Holland St Canton Lane

Cause of Death, First, (Primary.) Congestion

Second, (Immediate.)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 3rd 79

Wm. E. Arnold M. D.
Medical Attendant.

Undertaker, Foy & Lee

Place of Business, 54 N Broadway Address, Broadway & Aliceanna Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Woods

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 67 *Years,* 3 *Months,* 28 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington Pa.

Duration of Residence in the City of Baltimore, Since August 15th 1878

Place of Death, {Give street and number.} 659 W. Fayette St.

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Zanesville Ohio

Date of Burial, Jany 3rd 1878

Thos E. Sears M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 648 W. Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transcript 1877

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia Robinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 01 Hanover

Cause of Death First, (Primary,)

Second, (Immediate,) Accidentally burned to death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedrale

Date of Burial, January 2nd 1879

Undertaker, Wm H Holmes Jr

Place of Business, 97 Druid Hill Ave *Address,*

Geo C Pyle Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29432

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1879 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis White

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days*

Color, Red

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 34 Little Monument se.

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, 5 yrs

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, Jan 3rd 1879

Undertaker, Wm Tilden Lefevre

Place of Business, 97 Druid Hill Ave

G L Tanyhill M. D.

Medical Attendant.

Address, 129 W Biddle St

I have not seen this man for several months but knew his condition

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29433.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE

Date of Death, Jany 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Weber

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bayern Germany (Germania

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} J H Hospital

Cause of Death, First (Primary,) Tuberculosis of brain

Second (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 2nd 1879

Undertaker, H. Schultheis

Place of Business, Monument St

Oscar L Cotton M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta C. Zimmerman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* 4 *Months,* 2d *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and number} #68 Thames St

Cause of Death, First, (Primary,) Enteric Fever

Second, (Immediate,)

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Jan 3d

Undertaker, H. Frochlich

Place of Business, 246 Eastern Av

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29435

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard L. Brew

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Wh

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Stock Drover.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 433 Hamburg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 3rd 1879

Undertaker, W B Leech

Place of Business, No 707 W Baltimore street

R J H Tall M. D.
Medical Attendant.

Address, 15 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Ethel Reilly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 15 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 224 E Lombard St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) I only saw the child a few hours before (Death)

Duration of Last Sickness, 2 Week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, 4 Jan

E J Way M. D.
Medical Attendant.

Undertaker, John F. B. Clement

Place of Business, 224 East Lombard St Address 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mina Weber

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 8 *Years,* 4 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Lombard St. 462

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4 January 1879

Undertaker, John C. Stuck

Place of Business, 265 Pennsylvania Ave

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29438

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January — 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kemps

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, about Life

Place of Death, {Give street and number} Cor Little Joseph & Stiles St

Cause of Death, First, (Primary,) Cerebritis Caused by a Fall

Second, (Immediate,) & Abcess.

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 7th 1879

Undertaker, Peter Seey

Place of Business, 91 Eastend

G. A. Dohme, M. D.
Medical Attendant.

Address, 8 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. R. Brown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 34 *Years,* 7 *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Living with his father

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 34 . 7 . 10

Place of Death, {Give street and number.} 290 S. Howard St.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thompson County

Date of Burial, January 4 1879

Undertaker, J. N. Chase

Place of Business, 27 Howard st

R. E. Lee M.D.
Medical Attendant.

Address, Howard & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jackson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number} 32 King

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate,) ascites

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St Pauls St Cemetery

Date of Burial, January 4 1879

Undertaker, J. W. Ehmann

Place of Business, 1 Howard St

F E Ebbstadt M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jenkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 *Years,* 11 *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and number} 198 West Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 2nd 1879

James H Steuart M. D.

~~Medical Attendant.~~

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Tarsan [M.D.]

No. 29442

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Barney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number} 210 Gay St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) .....

Duration of last Sickness, Chronic

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 3 1879

Undertaker, S. W. Shaw

Place of Business, 198 S. Howard St *Address,* 2 N. Broadway.

D. M. Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

Date of Death, Dec. 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* Five *Months,* — *Days.*

Color, Black *Sex,* —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dover Del. Co.

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} 40 Cowen al.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Debility.

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Jan 3 1878

F. B. Gardner M. D.
Medical Attendant.

Undertaker, John C Jordon

Place of Business, No 63 Park Ave *Address* 120 N. Gra[illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Hoehn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria (Germany)

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 287 E. Pratt St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemetery

Date of Burial, Jan'y 4 1879

{*Undertaker,* H. W. Jenkins & Son / *Place of Business,* 10 Light St}

Wm Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Insurance Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} Eutaw House, City.

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestive Apoplexy

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemty *I. Wm Wallis* M. D.

Medical Attendant.

Date of Burial, Janar 5th 79

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address* No. 18 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2 and 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. D. Millbourne

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 54 *Years,* 7 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sail Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 73 William St

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 5 1879

Undertaker, Armstrong & Denny

Place of Business, Montgomery Eight & A

P. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard A. Bright

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grainer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 402 Lexington St

Cause of Death { First, (Primary,) Rheumatism / Second, (Immediate,) Paralysis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jany 4th 1879

Undertaker, Wm Shearer

Place of Business, 202 N. Eutaw

Thomas Shearer M. D.
Medical Attendant.

Address, N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Jenny Clarke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, ... *Sex,* Private

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 171 Mt Royal ave

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 171 Mt Royal Ave

Cause of Death, First (Primary,) Heart Disease (Mitral insufficiency)

Second (Immediate,) Asphyxia

Duration of Last Sickness, One Night

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, ... L. K Page *M. D.*

Medical Attendant.

Undertaker, Hy W Jenkins & Son *Address* 220 Linden Ave

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1478

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz Hewett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, nearly all her life

Place of Death, {Give street and number} 36 L. Mc Elderry St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) accidentally fell about one hour ago that made a contusion on her head

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 3d 1879

James A Steuart M. D.

Undertaker, G. C. Roderman

Place of Business, Eutaw St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. H. Coulter

No. 29450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jackson Miller

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Thirty three *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 271 N. Caroline St

Cause of Death, First, (Primary,) Hereditary

Second, (Immediate,) Consumption

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 5th 1879

Undertaker, Hiltner & Co

Place of Business, 550 W Fayette St

Milton N. Taylor M. D.
Medical Attendant.

Address, Broadway & Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29451

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel M. Burley.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* ——— *Days.*

Color, Wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Trenton, N. J.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} 193 Johnson St

Cause of Death, First, (Primary.) Chronic Bright's Disease.

Second, (Immediate,) Convulsions, (Uraemic).

Duration of last Sickness, Suffering with Bright's disease some months. Died in about 20 minutes after the occurance of Convulsions.

All the above information should be furnished by the Physician.

Place of Burial, Ball. Cemetery

Date of Burial, Jan 5 79

Undertaker, Arnheim & Dorsey

Place of Business, No 263 Lyon

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Girvin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number} 132 Lancaster Alley

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Of Baltimore

Date of Burial, Jan 4 th

H Darling M. D.
Medical Attendant.

Undertaker, H Baynum

Place of Business, 45 & Clay St *Address,* 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Eu Elizabeth Sweet

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 47 Root St Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 47 Root St

Cause of Death {First, (Primary,) Hemorrhage

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lafayette

Date of Burial, Jan. 3d 1879

Undertaker, Sam'l. H. Chase

Place of Business, Same as above

J Dimmitt Jones M. D.
Medical Attendant.

Address, 467 Wells St E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1879 BALTIMORE MD.

Date of Death, Jan. 2. – 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Bu[illegible]

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 3 *Years,* 11 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 822 N. Washington st.

Cause of Death, First, (Primary,) Pseudomembranous Croup.

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cem.

Date of Burial, Jan. 5. 1879

Undertaker, J. D. Keating

Place of Business, 97 N. Broadway

D. L. Dauch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 96 *Years,* 8 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 28 Mulberry St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 4th 1879

Undertaker, Henry A Myers

Place of Business, 45 N Gay St. Balto.

G W Kinsey M. D.
Medical Attendant.

Address 131 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} (unknown.) Mary Myers (Mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 hours ~~Years.~~ ~~Months,~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 2 Shakspear St.

Cause of Death { First, (Primary,) unknown
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetary

Date of Burial, Jan 3d 1879

L. W. Mansfield M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Byrne

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} No. 9 Randall St

Cause of Death, {First (Primary,) Anemia

Second (Immediate,) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 15th 1879

{*Undertaker,* Jas P Byrne

Place of Business, 6 E Fayette St

R. J. P. Ellis *M. D.*
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29458

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29458,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Joseph McGowan

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} single

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 17 Holland st.

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 2 ½ years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Jan 4 1879

Undertaker, Jas F Byrne

Place of Business, 63 Front

Pierre G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carie Schaffer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} House of The Good Shepherd

Cause of Death, First (Primary,) Sudden Death - Heart Disease

Second (Immediate,)

Duration of Last Sickness, Sick for the last two years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 4th 1879

Undertaker, L. B. Cook

Place of Business, 707 W. Balto

Edw. F. Michael M.D.

Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Co-operation of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29460

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Catherine Wallerneyer

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 31 Years, 9 Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 South Stricker

Cause of Death, {First (Primary,) Hemoptysis (Phthisis)

{Second (Immediate,) 1 " "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sunday 5th

{Undertaker, J B Cooke

{Place of Business, 707 W Balto st

Thomas Obie M.D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2946.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Hampson

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 207 E. Monument

Cause of Death, First (Primary,) Chronic Pneumonia

Second (Immediate.) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bellair Road Balto Co

Date of Burial, Jan 5th 79

Geo A Hayes M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business,

Address 42 E. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spondent below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Bohn

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 9 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1220 E. Lexington

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia Lobe

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto - Cemetary

Date of Burial, Jan 5th 1879

Undertaker, Philip Seewald

Place of Business, 33 S. Eutaw St

C. H. Tenbrook M. D.
Medical Attendant.

Address, 16 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Boudnard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number} # 16 E. Biddle St. cor. of Ann st.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Apnoea

Duration of last Sickness, 2 Days (Physician not called) until 8 hours before death

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Jan. 4th 1879

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, #61 North Gay St, *Address,* # 306 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [CV 22.]

...ease of Physicians is respectfully invited to the Remarks as below. ...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

Date of Death, January 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. W. Bowles

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 40 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 206 Hanover St

Cause of Death {First, (Primary,) Chronic Enteritis

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 5th 1879

J. W. Wilkinson M.D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 121 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

Jan 4

CERTIFICATE OF DEATH

Date of Death, January 3d 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Altvater

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden, Lahr Germany

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and number} 915 W Pratt St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Injury

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 5-th

Medical Attendant, Chas Entelmann M. D. 582 W Lombard St

Undertaker, J J Mahon

Place of Business, 51 Commodes *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Fred IK Schultee

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Glass Cutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany 3 years

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 63 Conway

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Believed to be Heart Disease

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 5th

Undertaker, F. A. Troll

Place of Business, #131 Hanover St

M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George K. Wann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 1 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

Occupation, Coal Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 8 Edmondson Avenue

Cause of Death, First (Primary,) Spinal Congestion

Second (Immediate,) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Jan 4th

Undertaker, Wm Weiner

Place of Business, 202 N Eutaw St

J. C. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...especially invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schirr

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Wife Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} # Germany

Duration of Residence in the City of Baltimore, # 21 Years.

Place of Death, {Give street and number.} 470 E. Monument St.

Cause of Death. {First (Primary,) Phthisis Pulmonalis.

{Second (Immediate,)

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct

Date of Burial, January 6 1879

Undertaker. Henry Hook,

Place of Business, 39 N. Central Ave

Wilmer Brinton M.D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 9 4 6 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Washington.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gloucester Co Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138 Cider alley.

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption 1 y

Duration of Last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy Edward R Hard M. D.

Date of Burial, Jan 6th 1879 Medical Attendant.

Undertaker, Hercul Rose

Place of Business, Conway St *Address* 242 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Taylor

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 20 years or more

Place of Death, {Give street and number} 185 Eastern Ave between Conduit & Dallas Streets

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cem

Date of Burial, Jan 4th 1879

James A Steuart M. D.
~~Acting Attendant~~

Undertaker, Pat Mullin

Place of Business, Cambridge

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E. Taylor

No. 29471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3 & 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Johnson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 5 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 99 Watson St Cor Canal St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, Jan 4 1879

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, P. McCullin

Place of Business, Cor Bridge St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

Date of Death, Jany 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Delany

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 35 Union St

Cause of Death, First (Primary,) Burned from her clothing catching fire

Second (Immediate,) Collapse

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Jan. 5th 1879

Undertaker, Stewart & Mowen

Place of Business, 31 Park ave

W H Arthur *M. D.*

Medical Attendant.

Address, 100 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1279

No. 29473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes McKee

~~*Sex, Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} 417 Franklin

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Jany 6

Undertaker, E B Cook

Place of Business, 1808 ½ Baltimore Street

T J Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

No. 29474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Hall

Sex, ~~Male or Female~~, {cross out the word not required in this line.} male

Age, 45 *Years,* *Months,* *Days.*

Color, black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Edmondts Mills Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 69 Melcome alley

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, about 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 5th

Undertaker, Charles Zorn

Place of Business, 95 Conway St

J Harvey Hill M. D.
Medical Attendant.

Address, 109 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Pratt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 23 Mulliken,

Cause of Death, First (Primary,) Cabillary Bronchitis

Second (Immediate,) Apnoea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, Jan 3rd 1879

Undertaker, Chas. J. Lees

Place of Business, 13 Jefferson

Jno. P. Bates M. D.
Medical Attendant.

Address 1122 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} O. W. Wadman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 539 Franklin St

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, about 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 5th 79

R K Knox M. D.
Medical Attendant.

Undertaker, Ch. T. Dill

Place of Business, 183 Columbia ave *Address* 154 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robinson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Talbot C. Md.

Duration of Residence in the City of Baltimore, Seventeen Yrs.

Place of Death, {Give street and number} 25 So. Bethel

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 4th 1879

Undertaker, Thos J Locke

Place of Business, 78 Jefferson St

E B Britton M. D.
Medical Attendant.

Address, Broadway & Bath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia & Ophelia Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 48 Josephine St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W-Pub Cemetery

Date of Burial, Jan 4 1879

James A. Steuart M. D.
~~Medical Attendant.~~

Undertaker, F. A. Kerchner

Place of Business, Carrollton Av *Address,* Comm of Health H B Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Fitzpatrick

[OVER.]

No. 29479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

Date of Death, Jan 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Custis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 25 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 10 Wilkes alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Jan 4 1879

Thos A Shinn M. D.
~~Medical Attendant.~~

Undertaker, F. A. Kirchner

Place of Business, Carrollton Ave *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Vansant S[OT]D

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ellis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Fifty eight *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 190 Druid Street

Cause of Death {First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 5th 1879

Undertaker, I. B. Cook

Place of Business, Balto St

Chas. H. Firth M. D.
Medical Attendant.

Address, 306 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Felz

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* ____ 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Park & Ophia Road

Cause of Death, { First, (Primary,) Immediate cause Convulsions
Second, (Immediate,) Ex Lockjaw

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowry

Date of Burial, Jan 5th 1879

Undertaker, A. Keller

Place of Business, 2446 Eastern Ave

G. A. Rue M. D.
Medical Attendant.

Address, Balt & Harford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 29482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Milles.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* 7 *Months,* 24 *Days.*

Color, Wh -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 209 Conway St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Confined to House. about 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan. 6th

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw St. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sunday. Holland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~Clerk~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 65 Amity St

Cause of Death, First (Primary,) Phthisis. & pneumonia

Second (Immediate,) Pneumonia (right lung)

Duration of Last Sickness, 24. days. —

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Jan 5th 1879

Undertaker, S. M. Leonard & Son

Place of Business, N. Balt St

Ashton M. D.
Medical Attendant.

Address 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

Date of Death, Jan 3rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno H Mitchell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Raftsman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 55 Chestnut St

Cause of Death, First, (Primary.) Inflamation } Evidence of which was } Second, (Immediate,) Natural } had been attended by Dr Bellis 13 days

Duration of last Sickness, 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5th 79

Jno. H. Bellis M. D.
Medical Attendant.

Undertaker, Wm R Bangs

Place of Business, No 62 East, St *Address,* Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE.

Date of Death, Jan 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Doss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 99 Carolina St

Cause of Death, First (Primary,) Congestion Lungs

Second (Immediate,) Prostration Birth. 6 Months three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Jan 5th 1879

Undertaker, Thos S Hughes

Place of Business, 411 E Pratt

W S Mahon *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...specially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chastine Grumpelan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* one *Months,* ~~*Days.*~~

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} 232 N Gilmore St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 5th 1879

W W Knaus M. D.
Medical Attendant.

Undertaker, C H Belzner

Place of Business, Penna Ave *Address* 131 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Craig

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* 1 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 87 N. Ann St

Cause of Death First, (Primary,) Typhoid Pneumonia Badly regulated

Second, (Immediate,) Unknown. I believe he had been sick about 3 weeks when I first saw him Dec 31st no more since then 29 none since that I had been seen him

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 5. 1879

Undertaker, M. A. Dalyn

Place of Business, 940 S. Broadway

S Sharp M. D.
Medical Attendant.

Address, 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 29488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 4 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A Hauenwald

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 68 N. Stricker St.

Cause of Death First, (Primary,) Diphtheria } No local cause

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 5th 1879

J. H. Keller M. D.
Medical Attendant.

Undertaker, Steuart & Maurer

Place of Business, 35 Park ave *Address,* 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest H. Johnson Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 783 N. Fayette St.

Cause of Death, First (Primary,) Malignant Angina

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Jan 6th 1879

Undertaker, J H Cook

Place of Business, No 707 W Baltimore Street

Address 680 N. Fay.

Bob Guinan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ease, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ennis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, African

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number.} 14 Church

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 1 Yr.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 6 1879

Undertaker, S W Chase

Place of Business, S Howard st

R M. J. Ellis *M. D.*
Medical Attendant.

Address 315 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 29491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29491 Jan 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A F Bose

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 65 Camden St Balto Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 65 Camden St

Cause of Death { First, (Primary,) Sorture Abcess

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 6 1879

Undertaker, S McChase

Place of Business, 8 Howard St

J A Henry M. D.
Medical Attendant.

Address, 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th of January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Eich

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 817 Wolfe St.

Cause of Death, First (Primary,) Pyaemia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, January 6th 1878

Undertaker, Henry Hoeck

Place of Business, 306 E. Centre St *Address*

Fred. Hafs' M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 29493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. JAN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abner N. L. Stevens

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 Years *Years,* 5 months *Months,* Seventeen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #197. N. Dallas St.

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 6th, 1879

Geo. F. Taylor M. D.
Medical Attendant.

Undertaker, Geo. T. Bic.

Place of Business, 61 N. Broadway *Address,* 210. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE.

Date of Death, Jan 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Wright

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* ____ *Months,* ____ *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Essex County Va

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number} 47 St Paul St

Cause of Death, First, (Primary,) Phlegmonous Erysipelas

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th 1878

Undertaker, Wm James Lynch

Place of Business, 145 Mulberry St

F E Blatand M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 1879

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Little

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 607 Light St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Puerperal Insanity

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 6 79

Thomas Cook M. D.
Medical Attendant.

Undertaker, Thompson Dean

Place of Business, 1822 E. Pr. *Address,* 416 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29496

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah M Holmes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Ten months

Place of Death, {Give street and number.} 29 Wilkins Ave

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) ——

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Talbert County Md

Date of Burial, Jan 6th 1879

James Bosley M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 767 W Baltimore *Address* 31 y Wilkins Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1280

...ctfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 11 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre de Grace Md

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} 367 Wilkins

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace

Date of Burial, Jan. 6th 1878

Undertaker, H. W. Jenkins & Son

Place of Business, Light st.

James Boaley M. D.
Medical Attendant.

Address 319 N. Wilkins Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1281

No. 29498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lutz

~~Sex~~, *Male or ~~Female~~,* {Cross out the words not required in this line.}

Age, 68 *Years,* 5 *Months,* 6 *Days*

Color, white

Married, ~~*Single, Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation, Cutler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 63 S. Munroe st

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) attacking heart

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 7

Undertaker, J. B. Cook

Place of Business, 14 Balto st

J. Thos. Stucky M.D.

Medical Attendant.

Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

examined by Jas. Vansant

[OVER.]

No. 29499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bauli

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 76 Barney st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Old Age

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 6 1879

Undertaker, J P Paulus

Place of Business, 66 Fridrich st *Address,* 582 W Lombard st

Signed Contributions M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adie Mary Faust

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} 107 S. Broadway

Cause of Death {First, (Primary,) Diphtheria / Second, (Immediate,)

Duration of last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, January 6th 1879

R. W. Mansfield, M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 66 S. Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

3

Board of Health, City of Baltimore,

Permit No. 29501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Timmons

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Worcester Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 37 N Gilmor

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) " "

Duration of Last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 7th Jany 1879

Undertaker, Wm Deckins Son

Place of Business, 16 Light St

Wm Osler M.D.
Medical Attendant.

Address, 681 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvenia Wright

Sex, Male or Female, { cross out the word not required in this line. }

Age, 13 *Years,* 10 *Months,* ... *Days*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 488 E. Chase St

Cause of Death, First, (Primary.) Bronchitis acute

Second, (Immediate,) Peritonitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery — Wm L. Rumsey M.D.

Date of Burial, January 6th 1878 — Medical Attendant

Undertaker, [illegible] Richardson — *Address,* Broadway

Place of Business, 1234 E. Lay St — Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [o

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Wernadorfer

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 3 *Years,* 6 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 22 S. Register st.

Cause of Death, First, (Primary,) Scalded by falling into a Tub of

Second, (Immediate,) boiling water

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem. | M. D. Daniels M. D.

Date of Burial, Jan 6th 1879 | Medical Attendant.

Undertaker, A Lobb

Place of Business, 916 Fountain | *Address,* 47 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5-4 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Ennis

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 26 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give street and number} 18 Pearl St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Inflammation of Bowels.

Duration of last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 6th 1879

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Eutaw St.

H. L. Lucas M. D.
Medical Attendant.

Address, 376 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Watkins.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 294 Franklin.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Phthisis.

Duration of Last Sickness, Several years,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan 7th 1879

Dr Morgan, *M. D.*
Medical Attendant.

{*Undertaker,* R. L. Schaefer

Place of Business, 119 N. Fremont St *Address* 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JAN. 6 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Mc Gaskin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 14 Harmony Lane

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Jan 6th 1879

Undertaker, F. L. Schaefer

Place of Business, 109 N. Fremont

M. D.

~~*Medical Attendant.*~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

examined by Joseph Bausant

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2950 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. L. Wingate

Sex, Male or Female; { cross out the word not required in this line. }

Age, 4 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 614 S. Charles St

Cause of Death, First, (Primary,) Malarial Fever & Burn from Bath Boiling Water

Second, (Immediate,) Convulsions

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan. 7th 1879

Theodore Leith M. D.
Medical Attendant.

Undertaker, F. C. Foll

Place of Business, #131 Hanover *Address,* 126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 29584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta & Geo Stephens (Parents)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 S. Dallas St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Convulsions

Duration of last Sickness, one night

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 6th 1879

Undertaker, John W. Locks

Place of Business, Wolf St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen L. Kramer.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lancaster Pa.

Duration of Residence in the City of Baltimore, about 20 years.

Place of Death, {Give street and number.} 477 E. Chase St.

Cause of Death, {First (Primary,) Consumption. / Second (Immediate,)}

Duration of Last Sickness, about 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 7th 79

{*Undertaker,* Wm Hickmann / *Place of Business,* N. Gay St}

Willie H. Wile, M. D.
Medical Attendant.

Address 341 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29510

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Saturn Clark Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* 7 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 424 E. Chase Street

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) Pneumonia and death in convulsions

Duration of Last Sickness, Ill all the summer, last sickness from December 25th

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Jan. 7th 1879

Undertaker, Adam Fink

Place of Business, 461 N Gay St.

W. S. T. White M. D.
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1879 BALTIMORE

Date of Death, Jan. 4. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Katharina Liege

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 7 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Waiter Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1. y. 7 m.

Place of Death, {Give street and number.} Corner Chester and Monument St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Hydrocephalus acutus Apoplexia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 6th. 1879.

Undertaker, Fry & Bro.

Place of Business, 54 N. Broadway. *Address*

John M. Sp Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget A Canton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 8 *Months,* — *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 22 years -

Place of Death, {Give street and number.} 6 Carlton St

Cause of Death, {First (Primary,) Asphyxia Mucus / Second (Immediate,) Cerebral Effusion -

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan 7th 1879

{*Undertaker,* L. B. Cook / *Place of Business,* 7 Bolle St}

[redacted] Van Bibber M. D.
Medical Attendant.

Address 49 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wiley Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No. 1 Federal St.

Cause of Death, First (Primary,) Senile decay - exhaustion

Second (Immediate,) Pleuritis

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Asm

Date of Burial, Jan 7th 1879

Undertaker, Chas J Seymour

Place of Business, 231 N Eutaw St

I. D. Thomson M. D.
Medical Attendant.

Address 187 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clara Casey

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ~~17 Months~~ *Years,* 17 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 N Front St

Cause of Death, {First (Primary,) Meningitis Cerebro Spinalis

Second (Immediate,)

Duration of Last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Jan 7th 1878

{*Undertaker,* Hy W. Millard

Place of Business, 145 N Gay St

Charles O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* 5 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widowed*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 St. Baltimore St.

Cause of Death, {First (Primary,) Scarlatina
Second (Immediate,) Pulmonary Oedema

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 7th 1879

J. W. Bales *M. D.*
Medical Attendant.

{*Undertaker,* Hay W. Mears
{*Place of Business,* 45 N Gay St

Address 1½ S Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Schneider

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 3 y *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, About 6 years

Place of Death, {Give street and number.} No 318 Central avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis —

Second (Immediate,) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 7. January

Undertaker, Christoph Hasse

Place of Business, 181 Lon Mart

Robert H Miller M. D.
Medical Attendant.

Address, 64 N Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Mary Stiller

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 13 Diamond alley

Cause of Death, First (Primary,) Carcinoma Ventriculi

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, January 7th 1879

Undertaker, Henry Hoerle

Place of Business, 304 N. Central Av

Robert H Mifflin M. D.
Medical Attendant.

Address, 64 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Watts

Sex, Male or Female, {cross out the word not required in this line.} F

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1 Brannans Court

Cause of Death, First, (Primary,) Deformity of Rectum

Second, (Immediate,) Accumulation of Feces & Inflammation

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 6th

Undertaker, Nellis Bros

Place of Business, 95 Eutaw St.

J. Harvey ... M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kern

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 197 S. Chapel

Cause of Death {First, (Primary,) Scarlatinal Dropsy

{Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ground

Date of Burial, Jan 6th

Undertaker, H. Frohlich

Place of Business, 246 Eastern Av

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1879 BALTIMORE

Date of Death, Jan. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Louisa Kraft

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 217 S. Wolf St.

Cause of Death, First, (Primary,) Internal Convulsions.

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Jan 6th

John H. Rehberger M. D.
Medical Attendant.

Undertaker, H. Eschbach

Place of Business, 246 Eastern Av

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[9742.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 6 1879 BALTIMORE

Date of Death, Jan. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Grove

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* three *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 245 Penn. Ave.

Cause of Death, First (Primary,) Capilary Bronchitis

Second (Immediate.) " "

Duration of Last Sickness, Dip weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 7th

Undertaker, C. H. Blizard

Place of Business, 201 Penna ave.

Silas Baldwin M. D.
Medical Attendant.

Address 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Sheddan

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 4 Spruce St

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,)}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, ~~Jan~~ 6th

Undertaker, C. H. Blizzard

Place of Business, 201. Pennsylvania Ave

Chas Fawcett M.D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

JAN 1879

Date of Death, Jan. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd F. Ruston

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 24 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear of Balto Lead Fac. Ft Road

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery.

Date of Burial, January 7th

Undertaker, B. Hearle

Place of Business, 411. Light St.

Augustus N. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roman Henry Gaither

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

HEALTH DEPT JAN 7 1879 BALTIMORE

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 38 Cathedral St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jany 7th 1879

Undertaker, Steuart & Sons

Place of Business, 92 N Howard

W. W. Nonis M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Heiseman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Holzminden, Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 286 Canton Avenue

Cause of Death, First, (Primary.)

Second, (Immediate,) Dropsy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 7th 1879

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SOUTH DEPT. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Eichen

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 62 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Laboser

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number } S. E. Cor. Washington & Jefferson

Cause of Death, { First, (Primary.) ____ Second, (Immediate.) Consumption

Duration of last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan 7th 79

Undertaker, E. M. France

Place of Business, 28 n. Canton Ave.

A. F. Eich M. D.
per Mrs. Eich Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPT. JAN 6 1879 BALTIMORE

Date of Death, January 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Wade

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 94 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } Pennsylvania Ave No 635

Cause of Death, { First (Primary,) Old Age

{ Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 6 1879

Undertaker, S. W. Chase

Place of Business, 8 Howard St

Hiram Grantham M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noah Gill,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fish dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Baltimore City Jail -

Cause of Death, First (Primary,) .....

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8th 79

Undertaker, Fry & Bro

Place of Business, 54½ Broadway *Address* 75 E. Baltimore St.

I. N. Houck, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29529

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 29529

CERTIFICATE OF DEATH.

Date of Death, January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} Cor Stricker & Lombard Sts

Cause of Death, First, (Primary.) Gangrene of Chest

Second, (Immediate,) Pyaemia,

Duration of last Sickness, 21 days,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 7th 1879

C H Jones M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St *Address,* 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 6 1879 BALTIMORE

Date of Death, Jan 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine [illegible]

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, One *Years,* *Months,* *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Short st No 21

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Jan 6 1878

Undertaker, Charles A White

Place of Business, 35 Granby st

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Moore

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.} Female

Age, ~~Years~~, 14 *Months,* ~~Days~~.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 14 Mos.

Place of Death, {Give street and number} Gov N. Pratt St

Cause of Death, First, (Primary,) Lung

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 7th 1879

Undertaker, F. T. Tramuttis

Place of Business, Saratoga St

H. L. Mason M. D.
Medical Attendant.

Address, 34 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29532. OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thunsen.

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* 22 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

~~*Duration*~~ *of Residence in the City of Baltimore,* all her life

Place of Death, {Give street and number.} 395 Eutaw Place

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) do

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 7. 1879

Undertaker, Thos. Gadsby, Son

Place of Business, 41, Hanover St

J. McCay Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

Date of Death, Monday 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Callup

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, about 60 Years

Place of Death, {Give street and number.} 86 N. Fulton St.

Cause of Death, First (Primary,) Cancer of Stomach & Liver,

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem. Prof. Duncan, *M. D.*

Date of Burial, Jan 8th 1879 Medical Attendant.

Undertaker, L. M. Keenan & Son *Address*

Place of Business, 782 W. Baltimore 680 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

Date of Death, Jan

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Deschler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 82 Centre St

Cause of Death { First, (Primary,) Prolapsus and Retroversion of Uterus
Second, (Immediate,) Collapse

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 8 January 1879

Undertaker, Chas C. Schmidt

Place of Business, 165 Aisquith

J. C. Miller M. D.
Medical Attendant.

Address, 82 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin F North

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Women Asy, 4 doors above Light

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 7 1879

T. Laughlin M. D.
Medical Attendant.

Undertaker, Armstrong & Bruny

Place of Business, #263 Light St Address 176 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

Date of Death, Jan 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Darling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white *~~Sex,~~*

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 139 N Eutaw St Balto

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Uremia

Duration of Last Sickness, General months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Jan 9th 1879

Undertaker, Chas T Semmes

Place of Business, 271 N Eutaw St *Address*

Alan P Smith, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

Date of Death, Jany 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Jackson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 22 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Porter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 180 Chestnut St

Cause of Death, First (Primary,) Cardiac Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan. 7th 1878

Undertaker, Theo J Socks

Place of Business, 73 Jefferson

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia F. Helen

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 7 *Years,* 9 *Months,* 14 *Days.*

Color, C *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 192 S. Durham St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 1 mos.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery H. F. Reynolds *M. D.*

Date of Burial, Jan 7th 1879 Medical Attendant.

Undertaker, Thos L. Locke

Place of Business, Jefferson St *Address* Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

Date of Death, Jan 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel M. Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} 93 Columbia Ave

Cause of Death, First, (Primary,) ——

Second, (Immediate,) General Debility

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 7th Jan 1879

Undertaker, Tomlinson & Denny

Place of Business, Light & Hanover

Geo. W. Benson M. D.
Medical Attendant.

Address, 111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29540

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

Date of Death, January 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Arthur Eggers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 Columbia Ave

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 8th Jany 1879

{*Undertaker,* H.W. Jenkins Son

{*Place of Business,* * 16 Light St

I. C. Burch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29521

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

Date of Death, Jan 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. L. Furney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 7 N. Appleton St

Cause of Death, First (Primary,) Catillary Bronchitis

Second (Immediate,) —

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8

James Bodine M. D.
Medical Attendant.

Undertaker, J B Cobb

Place of Business, 707 West Baltimore

Address 319 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna & Peter Frey

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 Fawn St

Cause of Death, First, (Primary,) Weakness

Second, (Immediate,) Marasmus

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Ch. Cemetery

Date of Burial, Jan 7th 1879

Undertaker, Peter Frey

Place of Business, ____

James A Steuart, M. D.

~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wenmark

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ebsworth

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F

Age, 16 *Years,* 8 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Fort Mc H. Henry now at No 32 S Washington

Cause of Death, First, (Primary,) Typhoid pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 7th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Dr. Bascoster & Lusk U. S. D.
Fort Mc H. Henry & E. C. Ball M.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jones

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 50 Stockholm St

Cause of Death, { First, (Primary,) Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, June 7th 1879

John A Lemmon M. D.
~~Medical Attendant.~~

Undertaker, Charles Jones

Place of Business, Stockholm St. *Address,* Commissioners Hall & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by J. L. Vansant

Permit No. 29574[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

Date of Death, Jan. 5, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo C. Matthews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 11 *Months,* 3 *Days.*

Color, [illegible] *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Orchard St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Endocarditis

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 8th 1879

Undertaker, [illegible]

Place of Business, [illegible]

Wm. H. Thompson M. D.

Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

Date of Death, Jan 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Boston Brother

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 Yr *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 59 Duncan's alley between Balt & Gough Sts

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) asthenia (8 mos).

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7th 1879

Undertaker, W. H. Dunger

Place of Business, East St

James A Steuart M. D.

~~Medical Attendant~~

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo Taylor [OVER.]

Permit No. 29547

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* f... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5 th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Hart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single,*~~ *Widow or Widower,* { Cross out the words not required in this line. }

Occupation, Merchant.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, All of his life.

Place of Death, { Give street and number. } 147 Calvert St Balto.

Cause of Death, { First (Primary,) ... Second (Immediate;) Disease of Heart.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Jan 7th 1879

Jno. T. Smith M. D.
Medical Attendant.

Undertaker, Thos S Murphy

Place of Business, 60 E Balto. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 29548

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Stewart

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 46 Mercer alley

Cause of Death { First, (Primary,) accidentally suffocated } { Second, (Immediate,) by Carbonic Gas }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 8th 1879

Undertaker, Mc Hroishs N.

Place of Business, 97 Druid Hill Ave

Geo C Gilmore M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 29579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Selby

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Elbow Lane near Fremont St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Ex Lanstura

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 7th 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee St

G. H. Lamb M. D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[over.]

...C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 29550

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE

Date of Death, Jan 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Commish

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 575 Mc Elderry St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Bronchitis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Jan 7th 1879

Undertaker, P. McCullin

Place of Business, Lombard St

J. Thos. H. Sluss M. D.

~~Medical Attendant.~~

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by L. H. Coulbourn [illegible]

Permit No. 29551

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1879 BALTIMORE.

Date of Death, 6th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Maria Yuter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* three *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cassel Germany

Duration of Residence in the City of Baltimore, Since 1854.

Place of Death, {Give street and number.} 204 Bank St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Emphysema of lungs

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 9th

Undertaker, H. Kank

Place of Business, 55 Bank,

Wm. Hagner. *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29552 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Decker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 11 *Months,* 8 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Potomac St

Cause of Death, First (Primary,) Child bed ~~death~~

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Jan 9th

J. N. Marker M. D.
Medical Attendant.

Undertaker, H Frechlich

Place of Business, 246 Easton St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29553 // #29553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Couch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 26 Hamburg St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Has had a cough since August 1878.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 8 1879

Undertaker, Arnst & Deming

Place of Business, Light St

Richd Henry Thomas M. D.
Medical Attendant.

Address Cor. Eutaw & Biddle Sts Balto
(formerly 438 Madison Ave)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 29552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICAT...

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Girlach

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} No 8 2 S. Munroe St.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 9th 1879

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

D. L. Dr Lucien M. D.
Medical Attendant.

Address, 377 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 29535

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Hain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months;* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} No. 71 N. High St.

Cause of Death, First (Primary,) Genl. Paralysis

Second (Immediate,)

Duration of Last Sickness, 1½ Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8th 1879

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Peter Kimmel

Place of Business, 317 Mulberry St. *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 29556

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Moore

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Janitress of Colby St Hall (nos 8 & 10)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} No 10 Colby St Res 62 Elbow Lane

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Edmund Walker M. D.
Medical Attendant.

Address, Comm n P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 29557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Nine *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Hargrove Alley

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10 1879

Undertaker, J. McCabe

Place of Business, Pennsylvania Ave

W. P. Thompson, M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Brooks

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } No 15 West Church

Cause of Death, First, (Primary,) Heart disease probably

Second, (Immediate,)

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, Jan 8th 1879

Undertaker, Patrick Mullin

Place of Business, E P C.

Edmund R Walker M. D.
~~Medical Attendant.~~

Address, Comm M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29559

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Andreas Gagel.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 Years, 5 m. Months, 10 m. Days.

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Restaurant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reduitz Kingdom of Bavaria Europa.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 170 S. Bond Street Baltimore

Cause of Death, First (Primary,) Phthisis Tuberculosa

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Jan. 9th

Undertaker, Meredith Diffel

Place of Business, S. Bond St. 151 *Address*

Ernst Heimel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 29560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Helbing

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* ... *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} ....

Cause of Death {First, (Primary,) ....
{Second, (Immediate,) ....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Matthias Cem.

Date of Burial, Jan 9th

Undertaker, Wendelin Deitz

Place of Business, S. Bond st. 131 *Address,* ....

.... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29561

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J J Wheat

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria, Va.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 216 McCulloughst Balto.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Janry 9 1879

Undertaker, W.W. Jenkins & Son

Place of Business, 16 Light St

Howard Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 29562

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Granger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Taylor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} 112 Hill Lane

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Forks County Maryland

Date of Burial, Jan 9, 1879

Undertaker, C. D. Rossiter

Place of Business, 9 E. Orleans St.

L. O Nuttwell M. D.
Medical Attendant.

Address, 125 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(0742.)

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No: 29563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edward [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Life Innate

Place of Death, {Give street and number} 52 Corey

Cause of Death, First, (Primary.) Intestinal disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 6 Weeks 2 days 3 months

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, January 8

James E Donnelly M. D.
Medical Attendant.

Undertaker, Labrot & Mullin

Place of Business, ____ *Address,* 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29564

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ally Murdock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* 7 *Months,* Two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elgin Scotland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} Home of Stroke of Paralysis

Cause of Death, First (Primary,) Loss of Heat

Second (Immediate,)

Duration of Last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 10th

H. D. Altemus *M. D.*
Medical Attendant.

Undertaker, Henry W. Jenkins

Place of Business, Light St *Address* 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29565

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S D Lear

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Supposed 53 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 54 Hanover st

Cause of Death {First, (Primary,) Oedema Glottidis

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 9th 1879 G W Miller M.D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,* 121 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 29566,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEA... 8 1879 BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, January 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen E. Taylor

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Three *Years,* ~~11~~ *Months,* Eleven *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 672 W Fayette

Cause of Death {First, (Primary,) Diphtheritic Croup Dr. Mettenberger pat... I was called at hour

Second, (Immediate,) I believe Period of days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jany 9/79

Undertaker, Hughes & Co

Place of Business, 560 W Fayette St

... M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct rec... rd of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No: 29567

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Washington

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Druid Hill ave

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemetery

Date of Burial, July 8th 1879

Undertaker, James Brackett

Place of Business, Druid Hill

_____ *M. D.*

~~Medical Examiner.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by Jos Vansant

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29568

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICAT

HEALTH J 8 1879 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, 5th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Cooper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* ——— *Days.*

Color, d *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} No 43 Baltimore Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Inherited from her Mother

Duration of Last Sickness, 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 8th January

Undertaker, Dunfee

Place of Business, East Pr. 10 T

Arthur Rich M. D.
Medical Attendant.

Address 30 N. Fremont Pr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29569

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certific[ate] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa[id] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

Date of Death, Jan. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip O Stidham

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* — *Days.*

Color, - Colored -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 54 Burgundy alley

Cause of Death First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8

Undertaker, Hetzel & Fox

Place of Business, 9 E Conway St

J H Cuney M. D.
Medical Attendant.

Address, 76 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [du]ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [fu]rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[t]ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[s]on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITA

Permit No. 29570

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JA 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V. Gilmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* Two (2) *Months,* Seven (7) *Days.*

Color, Black *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 4 Woodward St

Cause of Death, First (Primary,) ——

Second (Immediate,) Convulsions

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8.

Undertaker, Herald Bros

Place of Business, 95 & 97 Alley St

Prod. Steele M. D.
Medical Attendant.

Address 120 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No: 29571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a*... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA... JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schuman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 28 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cooper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 274 Bank St

Cause of Death, First, (Primary.) Tuberculosis Pneumonia

Second, (Immediate,)

Duration of last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial Bolt Cem

Date of Burial,

Undertaker, H C Sanders

Place of Business,

James E. Donnelly *M. D.*
Medical Attendant.

Address, 29 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29572

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

HEALTH DEPT. 1879 BALTIMORE.

Date of Death, January 2nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reynolds.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 80 *Years,* 6 *Months,* 1 *Days.*

Color, White.

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bucks Co. Pa.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 26 W. Baltimore St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md

Date of Burial, Jan 10th 1879

Undertaker, Henry H. Mears

Place of Business, 46 N Gay St

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Carrollton Av.

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcribed 12 83

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 29573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said p... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 8 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Matthews

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 34 Chestnut St.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 32 Chestnut St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Pneumonia Bronchitis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 8 1879

Undertaker, Charles A White

Place of Business, 35 Druid St

Edward P Merrill *M. D.*
Medical Attendant.

Address, 157 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 29574

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mary Owens

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 74 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Byrd St

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Chronic Liver affection

Duration of last Sickness, 36 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 8 1879

Undertaker, Ernst & Denny

Place of Business, Light St

_____ M. D.

~~Medical Attendant.~~

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Ben Riggs

[OVER.]

Permit No. 29575

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Merchant

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 299 N Broadway

Cause of Death, First, (Primary.) Gastro Enteritis

Second, (Immediate.)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 9th 1879

Wm L. Russell M. D.
Medical Attendant.

Undertaker, Thos S. Hughes

Place of Business, 13 Balto St

Address, Broadway & Gaudenstown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 29576

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate to, or *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Estelle Bennett

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Six *Years,* four *Months,* twenty six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 317 N. Caroline St.

Cause of Death, First, (Primary,) Laryngitis

Second, (Immediate,) Apnoea

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9th 1879

Undertaker, M. A. Dayer

Place of Business, 74 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Address, 801 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT ... BALTIMORE

Date of Death, Jany 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ___ *Years,* 5 *Months,* ___ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ___

Occupation, ___

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number} 23 Elbow Lane

Cause of Death, First, (Primary.) Accidentally

Second, (Immediate,) Smothered

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic Cemetery

Date of Burial, Jan 8 79

Undertaker, Judd & Kuehn

Place of Business, 505 S. Carrollton Ave

R C Lee M. D.
~~Medical Attendant~~
Coroner

Address, Warren Bass Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Parker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* ~~ *Months,* ~~ *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 28 Edward St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, W. M. Dungee

Date of Burial, Jan 9th 1879

M. D.

~~Medical Attendant.~~

Undertaker, Asbury E. & Cent

Place of Business, Phila Road

Address, Comm of Health & Reg is trar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. H. Coulbert

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Ray

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 5 Mo & 2 days

Place of Death, { Give street and number } 411 S. Eutaw

Cause of Death, First, (Primary.) Teething

Second, (Immediate,) Spasms

Duration of last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Ce

Date of Burial, Jan 8 1879

Undertaker, C. F. Krause

Place of Business,

R. C. Lee M. D.
Medical Attendant.
Coroner's D.

Address, Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 29580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Allen

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Cooper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and number. } Aged Mens Home

Cause of Death, { First (Primary,) Phthisis Pulmonary & Tuberculosis

Second (Immediate.)

Duration of Last Sickness, 24 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 9 1878

Undertaker, { W. Jenkins & Son

Place of Business, 16 Light St,

Geo E Cooke M. D.
Medical Attendant.

Address 1 Wendy Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29581

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bradley E. Morris,

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White.

Married, Single, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 296 E. Lombard St

Cause of Death, First (Primary.)

Second (Immediate,) Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 12th 1879

Undertaker, Heughes & Co

Place of Business, 65 S Broadway

J. H. Houck M.D.
Medical Attendant.

Address, 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 29582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Abbott

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Lifelong

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 153 Orleans St.

Cause of Death, First, (Primary,) ... Pneumonia

Second, (Immediate,) ...

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, January 11th 1879

Undertaker, Heughey & Co

Place of Business, 65 S Broadway *Address,* 137 Orleans St.

D F Lynch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Sigrist

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 79 *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Meat business

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} Bell Air Ave. n. 16

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 10 1879

Undertaker, Henry Koch

Place of Business, 304 Central av

Abram B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hatton.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,* Male,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Gardner,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 107 Pine st

Cause of Death, First (Primary,) Old age

Second (Immediate,) Senile Bronchitis,

Duration of Last Sickness, Confined to bed 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 9 1879

Undertaker, C H & S Lizzard

Place of Business, 201 Penn ave

John D Pennington. M. D.
Medical Attendant.

Address 98 N Gilmor st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Stevenson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Sixty Six (66) *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 204 Argyle Avenue

Cause of Death, First (Primary,) Encephaloid Cancer of Cervix of Womb,

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Nearly two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 10

Undertaker, C H Blizzard

Place of Business, 201 Penn Ave

J. C. Fox M.D.
Medical Attendant.

Address, 82 E Chas St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Grapes

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, ~~X~~ *Years,* ~~X~~ *Months,* 14 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and number.} 459 E Eager

Cause of Death, {First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 9 1879

Undertaker, Wm H Hackman

Place of Business, 1234 Gay St

H. L. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna König

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lienz Prussia. Germany

Duration of Residence in the City of Baltimore, Since 1857

Place of Death, {Give street and number.} 389 Cross St

Cause of Death, {First (Primary,) Heart Disease with lesion of Aortic valves. Second (Immediate,) General Dropsy.

Duration of Last Sickness, About fifteen years.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 10th

{*Undertaker,* F. A. Gold
Place of Business, ~~#~~ 131 Hanover.

Address Entaw between Lexington & Saratoga.

G. Hape. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. #29588

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Felix Gittemann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chew & Dallas

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 9th 1879

Undertaker, F. N. Gould

Place of Business, #13 Abaroes St

F. Alderman *M. D.*
Medical Attendant.

Address 256 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Col. David M. Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, Since 20th Dec. 1878

Place of Death, {Give street and number.} Albion House

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Raleigh N. C.

Date of Burial, Jan 11th 1879

W. T. Howard M. D.
Medical Attendant.

Undertaker, John J Andrews

Place of Business, Corner Druid Hill & Eutaw *Address* 181 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1284.

Permit No. 2[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. # 29590

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Gillen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Three Life

Place of Death, {Give street and number.} 64 Greenmount Ave

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Bonnie Brae

Date of Burial, Jan 10th 1879

Undertaker, H. C. Redfield

Place of Business, 9 Greenmount Ave

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} St. Clair W. Wagner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Currituck Co. N. C.

~~*Duration of Residence in the City of Baltimore*~~ transient

Place of Death, {Give street and number.} 36 W. Pratt st. (enlarged spleen)

Cause of Death, {First (Primary,) Intermittant fever, resulting in / Second (Immediate.) Leucocythemia.

Duration of Last Sickness, Many Months; in my care 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Currituck Co North Carolina I. T. Clay Maddux. M. D.
Medical Attendant.

Date of Burial, Jan 10th 1879

Undertaker, Henry W. Jenkins & Son *Address* 23 N. Calvert st.

Place of Business, 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} No 214 Fine St.

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Shops & Comm

Date of Burial, Jan 30 1879

{ *Undertaker,*

Place of Business,

J. L. Corse *M. D.*
Medical Attendant.

Address, 46 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lelia Ann & Wiley Hammon

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~~ *Years,* 3 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 87 Leadenhall St

Cause of Death, { First, (Primary,) Cold / Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10-1879

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* Comm of Health

John A Steen M. D.
~~Medical Attendant~~
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Filzpatrick 87-1

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 29594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9.1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1th 8th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret D. Roberts

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 59 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 59 years.

Place of Death, { Give street and number } No 1 Brattan St.

Cause of Death, First, (Primary,) Apoplexy.

Second, (Immediate,) ____

Duration of last Sickness, 17 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 10th 1879

Wm Riley M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN
9 1
1879
BALTIMORE

Date of Death, Jan 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lloyd

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* *Days.*

Color, white

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia Pa

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 237 E. Biddle st

Cause of Death, {First (Primary,) Bronchitis Chronic
Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10th

{*Undertaker,* Geo Schilling
Place of Business, Ashland sq

Wm. B. Billingslea M.D.
Medical Attendant.

Address Harford ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Dec 8~~ Jan 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B Fetch

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 2 Months, 10 Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 337 S. Charles St

Cause of Death {First, (Primary,) Pneumonia (Capill. Bronch)
Second, (Immediate,) 7 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 10th 79

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,*

D Dillon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 2959 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eda Louisa Hodges —

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, / *Years,* / *Months,* 13 *Days.*

Color ——— *Sex,* ———

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 8 Boyd Street —

Cause of Death, { First (Primary,) Pneumonitis — Second (Immediate,) Exhaustion ——

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 9. 1879

Undertaker, Samuel H Glass

Place of Business, 198 S Howard St

E. C. McDowell M. D.
Medical Attendant.

Address 642 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1879 BALTIMORE

Date of Death, Jan 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Deems

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 22 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 379 Hamburg St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Said to be Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Jany 10th 1879

Undertaker, John S. Thacher

Place of Business, No 150 Camden St

C. W. Colburn *M. D.*

Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie R Harris

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 33 So Calhoun St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jany 10/79

L. A. Shriner M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 626 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Henry Kaufman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 164 Hollins St

Cause of Death. First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Eight days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 10th '79

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

John Neff M. D.
Medical Attendant.

Address, 538 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan — 9 — 1879 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maurice George Rupp —

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, — 11 — Months, — 7 — Days.

Color, White — *Sex,* — Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — City —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 Harlem Ave —

Cause of Death, First (Primary,) — Pneumonia —
Second (Immediate.)

Duration of Last Sickness, — 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park W. H. J. Sellman M. D.
Medical Attendant.

Date of Burial,

Undertaker, Jos. B Cook

Place of Business, 707 Balto St — *Address* Carrollton Ave & Laurel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 29602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFIC...

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Hughes

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 284 Hamburg

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, January 11. 1879

Undertaker, S. W. Shaw

Place of Business, 5 Howard St

T. W. Webster M.D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 29603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Roe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Holmes Court,

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10 79

Undertaker, S. W. Chase

Place of Business, 8 Howard St *Address*

A. Lovell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2, And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of

Permit No. 29604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1899 BALTIMORE.

Date of Death, Jan 9th 1899

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1 S. Gay St. Hospital

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 10, 1899

Undertaker, H. A. Dazer

Place of Business, 74 S. Broadway

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

Date of Death, Jany 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Sullivan

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 416 Adams St.

Cause of Death { First, (Primary,) Epilepsy Bronchitis
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 10. 1879

{ *Undertaker,* H. A. Dauza
{ *Place of Business,* 74 S. Broadway

John F. Lemmon M. D.
Medical Attendant.

Address, S. W. Colvert Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 29606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

Date of Death, January 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Lehmann

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 82 *Years,* 6 *Months,* *Days*

Color,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 222 Lee str —

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Bronchitis catarrh.

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10th

Undertaker, F. H. Troll

Place of Business, #131 Hanover St.

A Tuttorarelli M.D.
Medical Attendant.

Address, 13 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 29607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry William Gold

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 34 *Years,* 4 *Months,* 12 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore*~~

Place of Death, {Give street and number.} Ridgely St, 2 doors from Cross

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Apoplexy

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, January 11th

Undertaker, Henry Briele

Place of Business, Henrietta St 81

Chas F. Mouser M. D.
Medical Attendant.

Address 625 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 29608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Date of Death, Jan 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Marks

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 49 *Years,* *Months,* 10 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Fayette st 191

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, 1 year 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12

Undertaker, Fry Bro

Place of Business, 57 W Broadway

E. L. Baldwin M.D.
Medical Attendant.

Address, 124 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Thalmann

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 87 Johnson

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Ft. McHenry Lot

Date of Burial, January 11th

Undertaker, B. Harley

Place of Business, 411 Light St

Dr. R. J. A. Tull M. D.
Medical Attendant.

Address, 152 Shurgh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Metz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 8 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 6 wks.

Place of Death, {Give street and number} 12 South Lane nr. Wesmith St.

Cause of Death, First, (Primary.) Acute Bronchitis

Second, (Immediate,) Effusion

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, ____

Undertaker, ____

Place of Business, Gilmore St 1 door above Saratoga

George A. Wartmann M. D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

Date of Death, Jan 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. John Burchett

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Fayette St. 3rd door from Custer

Cause of Death {First, (Primary,) Second, (Immediate,)} Convulsion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 10 1879

Undertaker, Mc. France

Place of Business, ~~—~~

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John H. Caulfield

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 29612 + 29612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Warnock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} Philadelphia Road near city limits

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption.

Duration of Last Sickness, Six years.

All the above Information should be furnished by the Physician.

Place of Burial, Methodist Burying Ground

Date of Burial, Jan 10th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

E W Janney M. D.
Medical Attendant.

Address Boston & Patterson sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Date of Death, Jan 7th 78

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary H Lane

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 28 Yrs

Place of Death, { Give street and number } 143 Chapel

Cause of Death, { First, (Primary,) Acute Pneumonia / Second, (Immediate,) Bronchitis pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cemetery

Date of Burial, January 7

Wm J. E. Walker M. D.
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, ____ *Address,* Conn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Date of Death, Jan. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Bechel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 177 S. Eden St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia.

Duration of last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trust Church Cemetery

Date of Burial, January 11th 1879

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29615

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Date of Death, 10th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edelt Reisinger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Sex,*~~

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 196 Lanvale St.

Cause of Death, {First (Primary,) Diptheria Diphtheria
Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Jan 11 79

Undertaker, C W Blizzard

Place of Business, 201 Penn Ave

W. W. Sinips *M. D.*
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29616

The Physician who attended any person in a (last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 8, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine McLyman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 94 Low St.

Cause of Death { First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, Jan 10. 1879

Undertaker, A. D. Corning,

Place of Business, 97 Orleans St.,

Abram B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL

Permit No. 2961/7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy

Sex, Male or Female, {cross out the word not required in this line.} Female

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Age, ... *Years,* Abaut 1/ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of ~~Baltimore~~ In Institution 13 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death {First, (Primary.) Spasm

Second, (Immediate.)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 11. 1879

Undertaker, Jamie Bowen

Place of Business, 156 Division St

Mayberry Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29618

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Date of Death, January 9th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dienn

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 77 *Years,* ... *Months,* ... *Days*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Labores

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 252 N. Centre Ave

Cause of Death, {First (Primary,) Pleuritis 1 week ago / Second (Immediate,)}

Duration of Last Sickness, 3 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, January 11 1879

Undertaker, Henry Hoeth

Place of Business, 369 Central Ave

Address, Fulton

D. O'Connor M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29619 ~~29619~~ 29619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Name. G. N. & Mary A. Tolson (Child not named)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} on Board Bark Chieftain Henderson's Wharf.

Cause of Death, First (Primary,) 7 months child. very weak & Hearts Circulation ~~defficult~~ not perfect.
Second (Immediate,)

Duration of Last Sickness, never well —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 11th 1879

E. N. Janney — M. D.
Medical Attendant.

Undertaker, Haughs & Co

Place of Business, 65 S Broadway

Address Baltimore & Patterson st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled accurately and completed, or out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1879 BALTIMORE

Date of Death, January 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Irvine Shipley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} S.W. Cor. Pratt & Stricker St.

Cause of Death, First, (Primary,) Tracheal Diphtheria

Second, (Immediate,)

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 11th

Undertaker, S. M. Leonard & Son

Place of Business, 752 Baltimore St

John Neff M. D.
Medical Attendant.

Address, 517 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITA[illegible]

Permit No. 29621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Menslage

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* 25 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany about 30 years

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} 187 Stiles St

Cause of Death First, (Primary,) Bright's disease of the Kidneys

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 12th 1879

Undertaker, John Slacher

Place of Business, No 150 Canden

J. Kenney M. D.
Medical Attendant.

Address, 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

Permit No. 29622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Joyce

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 86 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 14 years

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 16 Davis Street

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Senile Decay

Duration of last Sickness, Confined to bed for 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Jan 11th 1879

Undertaker, Jas P. Byrne

Place of Business, Front St

G. Hunt Clemens M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Donovan [OVER.]

Permit No. 29623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* 1 *Months,* 1 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 179 Chapel Court

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Debilitas

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1879

{*Undertaker,* Hughes & Co / *Place of Business,* 180 Broadway}

Chas H. Conner M.D.
Medical Attendant.

Address 44 Chapel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Horst

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 76 *Years,* — *Months,* 13 *Days*

Color,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 36 Bank St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Catarrhy vesica

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, January 12th

Undertaker, Michael Funk

Place of Business, 35 Bank St

Dr Latterman M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Eddy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 6 *Months,* *Days.*

Color, Light Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} No 52 Green Willow st

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Inflamation of Brain

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1879

Undertaker, Wm E Peden

Place of Business, 176 Pratt st

B F Bohrer M. D.
Medical Attendant.

Address, Cor Druid Hill Av and Dolphin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [07x..]

Permit No. 29626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wernie

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 101 Chestnut St.

Cause of Death, {First (Primary,) Measles

Second (Immediate,) Bronchs Pneumonia

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Jan 11 1879

Undertaker, Charles A White

Place of Business, 35 Grundy St

Wilmer Bamlow M. D.
Medical Attendant.

Address, 257 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st Nov 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 162 N. Howard St

Cause of Death, First (Primary,) Epithelioma (Cancer)

Second (Immediate,) do

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan'y 11 79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Dr Carey Hinman M.D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Catharine Virginia D'Wolf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex,* female

~~Married, Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brookfield N. H.

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give street and number.} No 6 Cathedral st.

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 12th Jany 1879

Undertaker, H W Sentmis & Son

Place of Business, 16 Light St *Address*

Hunt Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Bailey

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 26 *Years,* 5 *Months,* — *Days*

Color, wht

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 110 Preston st

Cause of Death, {First (Primary,) Consumption of lungs

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jan 12th 1879

Undertaker, Chas I Sewell

Place of Business, 227 E Eutaw

G Lane Taneyhill M. D.
Medical Attendant.

Address, 129 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, jan 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellie Daneha

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* — *Days.*

~~Color~~, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 91 S. Spring St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, H. of Hope

Date of Burial, Jan 12 th

Undertaker, [illegible]

Place of Business, [illegible]

A Lee Lentzer M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Snowden (Mother)

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37 East St

Cause of Death {First, (Primary,) / Second, (Immediate,)} Diseased at Birth

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1879

Undertaker, A. Waymans

Place of Business, Saratoga St

Thos A. Sleem M. D.

Commrs of Health

Address, & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by J. H. Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ACCEPTED JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janu. 11. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Now I. D. E. & Chas. R. Myers Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 minutes ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number} #305 E. Pratt st

Cause of Death, First, (Primary.) Prolonged labor from rigid os Thrombus

Second, (Immediate,) Pressure upon cord

Duration of last Sickness, 2 minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 11 1879

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Broadway *Address,* #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL S

Permit No. 29633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Marilla Robinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 43 Bruce St.

Cause of Death { First, (Primary,) Diptheria.
Second, (Immediate,)

Duration of last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 11th 1879

Undertaker, I. I. Chalmers

Place of Business, Penna Ave

Geo C. Pyle Comm M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 2[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

29634

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H Cox

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Brick Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wilmington Del

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No. 368 E. Pratt St

Cause of Death, {First (Primary,) Chronic Valvular Disease of Heart — Second (Immediate,) Cerebral Haemorrhage}

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cemetery

Date of Burial, Jan 13th 1879

Undertaker, Henry Sander

Place of Business, 252 Eastern Av

J. D. Fiske *M. D.* Medical Attendant.

Address No. 340 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Jan 9th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... John Landaman

Sex, Male or Female, {cross out the word not required in this line.} ..... Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ..... Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem

Date of Burial, Jan 10th

Undertaker, H. M. Gilmeyer

Place of Business, 341 Eastern Av *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29636 ~~29636~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

Date of Death, 10th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Vogel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Sohnen, Prussia, Germany 12 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Madeira Alley 144

Cause of Death, {First (Primary.) Hydrometra / Second (Immediate,) Exhaustio

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Gen William Hand C M. D.

Date of Burial, Jan 12th 79 Medical Attendant.

Undertaker, C. C. Evans Address S. Wolfe & Mt.

Place of Business, 250 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. S Jonsel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 10 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, 10 yrs. 4. mos

Place of Death, {Give street and number.} 11 N Wolf st. nr. Biddle

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dysentery

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Jan. 12th 1879

Undertaker, Adam Fink

Place of Business, 461 North Gay

M. J. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Travers.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Painter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, { Give street and number. } 143 West Fayette St.

Cause of Death, { First (Primary,) Dropsy 3 months
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11. 1879

{ *Undertaker,* M. A. Daiger
Place of Business, 74 S. Broadway

A. T. Bell M. D.
Medical Attendant.

Address 206 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward G Lippard Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} +

Occupation, +

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 250 N Central ave

Cause of Death, First (Primary,) cedo accidental fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 13 1879

Undertaker, Henry Roark

Place of Business, 857 Central ave

A Friedenwald M. D.
Medical Attendant.

Address 811 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Sheler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 85 *Years,* 5 *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number} 331 E. Chase Street

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Senile Decay

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 13th 1879

Undertaker, H. W. Mears

Place of Business, N. Gay St

James A Clemens M. D.

~~Health Officer.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John H. Coulter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Fagan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 4 *Months,* 22 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 14 Concord st

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, ~~Catholic~~ St Patricks Cemetery

Date of Burial, January 11 1879

Undertaker, James A Byrne

Place of Business, N° 63 N Front St

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N° Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lynch

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (23 yrs in America)

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Heart Disease (Mitral regurgitation)

Second (Immediate,) Syncope

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 11 1879

Undertaker, James D Byrne

Place of Business, No 63 N Frent St

Chas J Culley M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 29643.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schlegel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* 5 *Months,* 9 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Five years

Place of Death, {Give street and number} 152 Eutaw St

Cause of Death, {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary.

Date of Burial, Jan'y 12th 1879

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

J. J. Lupp M. D.
Medical Attendant.

Address, 137 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9-1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Emerick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ? *Months,* ? *Days.*

~~*Color,*~~ *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Family Duties

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About Thirty years

Place of Death, {Give street and number.} 8 Little Walsh St

Cause of Death, First (Primary,) Bronchitis; Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem

Date of Burial, January 12th 1879

C. C. McDowell M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stewart

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 602 W. Pratt St

Cause of Death, First, (Primary,) Premature. (7½ Mos)

Second, (Immediate,) Insanition

Duration of last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Jan 12th 1879

Undertaker, John B. Stewart

Place of Business, 602 W. Pratt St

James A Steuart M. D. Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant

[OVER.]

Permit No. 29646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

Date of Death, Jan. 5th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick W. Harris, 1

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* — *Days.*

Color, Mulatto,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 18 Lahman al.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 18 Lahman al.

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 12 1879

Undertaker, H. Hannuth

Place of Business, Saratoga St

H. F. Hill M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edw. Stegeman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 Cross.

Cause of Death {First, (Primary,) Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Jan 13th 1879

Undertaker, Fred Stegeman

Place of Business, 72 Cross

Louis Chs Horn M. D.
Medical Attendant.

Address, cor Fulberry & Ingolls av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1879 BALTIMORE.

Date of Death, January 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Walker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} Rear on Saratoga N Calvert Street

Cause of Death, First, (Primary.) Syphilis &

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12th 1879

Undertaker, A. Wagaman

Place of Business, Saratoga St

Edmund R Walker M. D.

~~Medical Attendant.~~

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund T. Webb,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Insurance Agt.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 217 Linden Avenue

Cause of Death, First (Primary,) Morbus Brightii. & Facial Erysipelas.

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 13 79

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St

Thos. T. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samey P. H. Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 28 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Hamburg St

Cause of Death {First, (Primary,) Diphtheria Symptoms

{Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 12th 1899

{*Undertaker,* C. W. Lenhyn & Son

{*Place of Business,* 15 Light St

Geo. N. Dunn M. D.
Medical Attendant.

Address, 14 Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Bailey

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 14 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 265 N Dallas St

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Shock

Duration of last Sickness, Nine (9) hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 13th 1879

S. W. Elmer M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 460 W. Lay [illegible] Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha Bender

Sex, Male or Female, {Cross out the words not required in this line.} f

Age, 70 *Years,* 11 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nursery

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 58 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 9 Paca near Pa

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lindsill park Cemetery

Date of Burial, January 13, 79

Undertaker, Fred Gaede

Place of Business, No. 27 N. Caroline st

C Cutter M. D.
Medical Attendant.

Address, 27 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate settiug forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

29653

Permit No. 29653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 12 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milbert Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 64 Biddle alley

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Jany 13. 1879

Undertaker, F. A. Kerchner

Place of Business, 8. Carrollton Ave.

James A Steuart M. D.
~~Medical Attendant~~

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Jos. Duncan

Board of Health, City of Baltimore,

Permit No. 29654 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wells

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, {Give street and number} 84 West St.

Cause of Death { First, (Primary,) Sudden death - & probably Disease of
Second, (Immediate,) the heart was the cause -

Duration of last Sickness, Died in a carriage while attending a funeral -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11 79

Undertaker, S. W. Chase

Place of Business, 8 Howard St

J Harvey Reis M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 25655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

Date of Death, January 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Edward Wiggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Low Court

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 11 79

{*Undertaker,* S. W. Chase

Place of Business, 8 Howard St

L. C. Bush M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 29656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie M. Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty One *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 137 Elliott St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Nine Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 13 1879

Undertaker, James D Byrne *Address* 183 N. Eutaw St

Place of Business, No 63 Light Street

A P Yeatman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Johnson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, col

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} n. Spring 146

Cause of Death. {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11th 1879

Undertaker, Wm. N. Dugle

Place of Business, No 10 Stockton Aly

E. C. Baldwin M.D.

Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Rosetta Myers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* 1 *Months,* 5 *Days.*

Color, colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 706 Saratoga st

Cause of Death, {First (Primary,) Measels / Second (Immediate,) Bronchitis

Duration of Last Sickness, Know not; only made one visit.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry J. W. Jordan M. D.

Date of Burial, January 11th 1879 Medical Attendant.

Undertaker, Wm. N. Dungell *Address* 682 Lexington st

Place of Business, No 10 Stockton Aly

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rovertie G. Robinson

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 411 Stricker St

Cause of Death, {First (Primary,) Tubercutous Meningitis / Second (Immediate,) Tonic Spasms}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 12th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Chas Fawcett M.D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Mc Lucke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 128 N Dallas st

Cause of Death, First, (Primary.) Marasmus, Tumor

Second, (Immediate,) Peritonitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 13th 79

Jno. Ls. Reese *M. D.*
Medical Attendant.

Undertaker, J. J. Cook

Place of Business, 73 Fayette

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Allen

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 15 *Years,* 6 *Months,* 5 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow,*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 396 Orleans St

Cause of Death, {First (Primary,) Pulmonary Tuberculosis / Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months (1/2 Mo)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 13th 1879

{*Undertaker,* Wendel & Spicer / *Place of Business,* S. Bond St

Sam'l J. Belt M.D.
Medical Attendant.

Address, 134 N Eighth St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Bettig

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56. *Years,* 9. *Months,* 19 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 76 Henrietta St

Cause of Death, First, (Primary,)

Second, (Immediate,) Angina Pectoris

Duration of last Sickness, died Sudden Dead When I arrived

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13th

Theodore Cook M. D.
Medical Attendant.

Undertaker, Henry Briel

Place of Business, Henrietta St 81

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* 29 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bucks Co. Pa.

Duration of Residence in the City of Baltimore, 78 years.

Place of Death, {Give street and number.} 240 N. Carey St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Capillary Bronchitis.

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 13th 1879

Undertaker, Hughes & Co

Place of Business,

Jno. T. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

Permit No. 29664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1899 BALTIMORE

Date of Death, January 18th 1899.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. R. Simpson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 66 - *Years,* *Months,* *Days.*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hartford Conn

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give street and number } University — Hospital.

Cause of Death { First, (Primary,) — Second, (Immediate,) } Pneumonia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dalto. Cemetery

Date of Burial, Jany. 14. 1899

Undertaker, George J. Schilling

Place of Business, N.W. Cor Aisquith & Monument Sts. *Address,*

J. L. Powell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

EXAMINED & REGISTERED JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Blanche Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 272 Mc Donough St

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Methodist Cemetery

Date of Burial, January 13th 1879

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, Wm. H. Dunges

Place of Business, No 10 Hartford Alley

Address, 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1899

Date of Death, Jany 11th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin C. Lang & Parents Florence A. Lang

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 149 Hanford Avenue

Cause of Death, First (Primary,) .....

Second (Immediate,) Atelectasis Pulmonum

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cy.

Date of Burial, Jany 13th 1899

Undertaker, Geo Schilling

Place of Business, W. W. Cuppler Monument & Disquith

A. McH. Mackt M. D.
Medical Attendant.

Address, 62 Wash St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan: 11th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie McCurdy.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White - *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore. Life.

Place of Death, { Give street and number. } 9 N. Eutaw St.

Cause of Death, { First (Primary,) Typhoid - Second (Immediate,)

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 13th 1879

{ *Undertaker,* John J Hacker
{ *Place of Business,* Park & Fayette Sts,

J. F. Wathen, *M. D.*
Medical Attendant.

Address N. E. Cor. Fayette & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Foy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy one *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 285 N Eutaw St

Cause of Death, First (Primary,) Rights Disease

Second (Immediate,) Paralysis

Duration of Last Sickness, Lived about 2½ days after Paralyzed

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial January 14

Undertaker, Lucas Bros

Place of Business, 95 Conway St

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Arthur

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Produce Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} # 55 Chew St.

Cause of Death, First, (Primary,) Chronic Gastritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 14th

Geo. H. Wartman M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland & Eynon *Address,* # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 29670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Chas. E. Harman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 22 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 37 N. Gmily st.

Cause of Death, { First (Primary,) Scald. hot water.
Second (Immediate.)

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 14th 1879

Undertaker, P. Kennedy

Place of Business, Mulberry st *Address*

Albert Stephens *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Snipes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 mos *Months,* 2 mos *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 191 Orne Street

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Pneumonia Complicated with Whooping Cough

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 14 1879

Chas. H. Nefft *M. D.* Medical Attendant.

Undertaker, P. Kummer

Place of Business, —

Address, 306 N. Eighth Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* 5 *Months,* 25 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt. Co. Maryland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} Allen bet. Ford & Bethune Sts

Cause of Death, {First, (Primary,) Chronic / Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cem. | *By* Gordon Cotta

Date of Burial, January 13th | *M. D.*

Medical Attendant.

Undertaker, B. Starke

Place of Business, Mt. Ver. Light St. | *Address,* 14 Bethune st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MD. JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Tynan.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Widower,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower,

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin, Ireland,

Duration of Residence in the City of Baltimore, 6 Years,

Place of Death, {Give street and number.} 25 Bank St.

Cause of Death, First (Primary,) Paralysis of Bladder.

Second (Immediate,)

Duration of Last Sickness, 2½ Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents B. Ground

Date of Burial, Jan. 13, 1879

Undertaker, M. Adaizen

Place of Business, 74 S. Broadway

J. J. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

Date of Death, Jan 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Eighteen *Months,* ..... *Days*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 E. Eastern St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Del.

Date of Burial, Jan 13th 1879

{*Undertaker,* Theo. J. Lokes

{*Place of Business,* 13 Jefferson St

[illegible] M.D.

Medical Attendant.

Address, 220 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12 '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lee Sweitzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} 208 Hanover St

Cause of Death, First (Primary,) .....

Second (Immediate,) Lockjaw (Disease had been from birth)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St A Cemetery

Date of Burial, Jan 13 1879

Undertaker, C F Krause

Place of Business, ... *Address* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29676 # 29676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hatter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co Md 35 Years

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 175 Hughes St.

Cause of Death, {First (Primary.) Pulmonary Consumption / Second (Immediate.) Marasmus}

Duration of Last Sickness, 16 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 15 79

Undertaker, Anthony & Denny

Place of Business, 1263 Light St

Augustus W. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Henderson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, Col Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number} House of J D Jackson East of Falls between Chase & Biddle

Cause of Death, First, (Primary,) Old

Second, (Immediate,) Age

Duration of last Sickness, Died Suddenly, Was sick for sometime

All the above information should be furnished by the Physician.

Place of Burial, E. P Cemetery

Date of Burial, January 11

Edmund R Walker M. D.

~~Medical Attendant.~~

Undertaker, Gabriel Mullin

Place of Business,

Address, Corner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29678 #29678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Forrester

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 9

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, 1 month

Place of Death, { Give street and number. } 341 William St

Cause of Death, { First (Primary,) Second (Immediate,) } Quantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13th 1879

{ *Undertaker,* J. B. Cook
Place of Business, No 707 N. Baltimore Street }

R. H. P. Elliott, M. D.
Medical Attendant.

Address 215 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29679 ~~29679~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Clara Needhamer

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Jamaica

Duration of Residence in the City of Baltimore, 64 years

Place of Death, { Give street and number. } 40 Ramsay St.

Cause of Death, { First (Primary,) Chron. bronchitis / Second (Immediate,) mania a potu

Duration of Last Sickness, 8 mths

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13th 1879

{ *Undertaker,* J. H. Cook / *Place of Business,* No 707 W. Baltimore street }

H Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JAN 12 BALTIMORE

Permit No. 29680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jannary 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Mary Blom

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 6 8 *Years,* 6 *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 Year

Place of Death, { Give street and number } 69 Somerset pl

Cause of Death { First, (Primary,) Senility &c
Second, (Immediate,)

Duration of last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Church

Date of Burial, January 14 1879

Undertaker, Henry Roach

Place of Business, 39 Central Ave

D W Cathell M. D.
Medical Attendant,

Address, 21 Bradbury

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. ECLANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Price Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* — *Months,* — *Days.*

Color, White — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 220 N. Charles St

Cause of Death, First (Primary,) Phthisis Laryngea

Second (Immediate,) " "

Duration of Last Sickness, Eighteen months or more

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetry

Date of Burial, Jan. 13 1879

Undertaker, H Wenkins & Son

Place of Business, 16 Light St

Jos. Lloyd Martin M. D.
Medical Attendant.

Address No 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Ann Haight

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 86 East Street

Cause of Death { First, (Primary,) ——— , Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13th 1879

Undertaker, C. A. Whiting

Place of Business, Granby St

Thomas A Steuart M. D.
~~Medical Attendant.~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd John H. Coulter

Permit No. 29683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Thomas.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 54 *Years,* 6 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 189 Eastern Avenue.

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Pneumonia, 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, From Mount Cemetery

Date of Burial, January 14th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

J. W. Hack M.D.
Medical Attendant.

Address, 75 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29684

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B Cooney.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore life time.

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} No 4 Irvin Place

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, January 14th 1879

Undertaker, Hughes & Co

Place of Business, 658 Broadway

P. Fr. Cockrill M. D.
Medical Attendant.

Address 340 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan 11th 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Walters

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 2 Dewberry Alley

Cause of Death {First, (Primary.) Pneumonia

Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 13 1879

Undertaker, William A Driggs

Place of Business, 10 Stockton Alley

J. Dunnett Hume M. D.
Medical Attendant.

Address, 46 Lydia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29686 ~~29686~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch Luckett

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 9 *Months,* 7 *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 45 China St

Cause of Death, {First (Primary,) Inflamation of Brain
Second (Immediate,) Convulsions}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 13 1879

Undertaker, B W Chase

Place of Business, No 198 Howard

Augustus W Dodge M. D.
Medical Attendant.

Address 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2968 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Adkinson

~~*Sex, Male or Female,*~~ {cross out the word not required in this line,}

Age, 51 *Years,* *Months,* *Days.*

Color, (Mulatto)

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Coloured

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13 1879

Undertaker, H W Chase

Place of Business, No 198 Howard *Address,*

J. L. Lowell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12 '79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Toogood

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md - A. A. Co.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 108 Mulberry St.

Cause of Death First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 13 1879

Undertaker, S Wm Chase

Place of Business, No 198 Howard

H. H. Kellar M. D.
Medical Attendant.

Address, 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araminda Caldwell

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, colored.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elkton Md

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number} 123 L. Dallas St.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Hemorrhage.

Duration of last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 14 1879

Aug. D. Eisele M. D.
Medical Attendant.

Undertaker, E S McClure

Place of Business, 60 198 Howard St *Address,* 94 L. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lankenau

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Wid. Jan — *Years,* Ten *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 1. Trinity Pl.

Cause of Death, First, (Primary.) Congestion of Brain.

Second, (Immediate,)

Duration of last Sickness, Three —

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 14 January 1879

Undertaker, Chas. L. Gilbert

Place of Business, 265 Aisquith

D. C. Nolan M. D.
Medical Attendant.

Coroner E. Dirl

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th day of January 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Swann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Swann

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 10 Watson Str.

Cause of Death, { First (Primary,) / Second (Immediate,) } Chronic Croup.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 14 1879

Fred Hofft, M. D.
Medical Attendant.

{ *Undertaker,* Jas L. Byrne
{ *Place of Business,* 63 Hanover, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

Date of Death, January 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Lewis

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England 40 yrs

Duration of Residence in the City of Baltimore, ~~Life~~, 216 Columbia

Place of Death, {Give street and number.} Phthisis Pulmonalis

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan' 14th 1879

Undertaker, Wm S Thacher

Place of Business, No 80 Camden

H. W. Webster M.D.
Medical Attendant.

Address, 57 Bank St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 29693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Elis. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* 4½ *Months,* *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 98 Lancaster St. Baltimore

Duration of Residence in the City of Baltimore, since the Birth.

Place of Death, {Give street and number.} Lancaster St. 98. Baltimore

Cause of Death, First (Primary,) Second (Immediate,) Cathar fever

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, M. Olivet Cem.

Date of Burial, Jan. 17th, 79

Undertaker, W. France

Place of Business, 280 Canton Ave. *Address*

Emil Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Peters Jackson

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 42 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ~~4 yrs.~~

Place of Death, {Give street and number.} 15 E Lombard St.

Cause of Death, First (Primary,) Phthisis (Consumption)

Second (Immediate,) Double Pneumonia terminating by Abscess

Duration of Last Sickness, ~~2 days.~~ 3 months

All the above information should be furnished by the Physician

Place of Burial, Bethel Cem.

Date of Burial, Jan. 15th '79

13 Thomas M. D.
Medical Attendant.

Undertaker, J. W. France

Place of Business, 210 Lombard St. *Address* 26 Exchange

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Peglow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Two Weeks *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Ten Weeks

Place of Death, {Give street and number.} 41 51 Amity St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 14th 1879

A. Kunsmel M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Hadley St *Address* Biddle & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

Date of Death, January 12 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Clarke Young

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Sixty-one *Years,* three *Months,* eight *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 60 N Gremont St

Cause of Death, {First (Primary,) Cancer

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 14th 1879.

{*Undertaker,* Thos Waidemayer

{*Place of Business,* 518 W. Baltimore St.

Dr L Rucr M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Chase

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 43 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Perrymansville

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 122 S. Register St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Perrymansville

Date of Burial, Jan 14th 1879

Undertaker, Theo J Locke

Place of Business, 73 Jefferson St

A. F. Eich M. D.
per Wm Eich
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial Permit 1486

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Rebecca Barney

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* Eighteen *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 51 Bruce St

Cause of Death, { First (Primary,) Rickets / Second (Immediate,)

Duration of Last Sickness, Eight (8) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 14th 1879

D. C. Stainer M. D.
Medical Attendant.

Undertaker, Wm N. Dungee

Place of Business, No 10 Stockton Ally *Address* 626 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Brenberg

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 265 Wash St

Cause of Death, First, (Primary.)

Second, (Immediate,) Tuberculosis Meningitis

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 14th 1879

Howard Latimer M. D.
Medical Attendant.

Undertaker, Wm F Denny

Place of Business, 263 Fayette *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kulvilla

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 148 Townsend St

Cause of Death, {First (Primary,) Typhoid, from} {Second (Immediate,) Perforation of peritoneum}

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 14th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N. Gutaw St

Chas O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vickers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 182 E. Pratt St

Cause of Death { First, (Primary,) Premature Birth (7 mos
Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Jan 14th 1879

Undertaker, H. Fovelikin

Place of Business, Canton Ave

James A Clemans M. D.
Medical Attendant

Address, Comm of Health
H Plegeston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Hopkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Six Months, 10 Days.

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Six months & two days

Place of Death, {Give street and number.} 49 South Liberty Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan. 14. 1879

Undertaker, Charles A. White

Place of Business, 35 Hanover St

E. K. Riley M. D.
Medical Attendant.

Address Corner Hanover & Lee Sts
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Beverly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Maid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fairfax Co Va

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 8 & Burgundy Alley

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Pulmonary Consumption

Duration of last Sickness, 12 Mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 15

{Undertaker, Hercules Ross

{Place of Business, 95 Conway St

J H Emery *M. D.*
Medical Attendant.

Address, 76 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Kerr

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 Days 14 hours ~~Days.~~

Color, c

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 64 Burgundy Alley

Cause of Death, {First (Primary,) Insanus Dissentium

{Second (immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Sharp St

Date of Burial, January 14

Undertaker, Hercules Boss

Place of Business, 95 Conway St

A. McColburn M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Jan 12 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Infant

Sex, Male or Female, { cross out the word not required in this line. } ..... Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } ..... 1 Spruce Street

Cause of Death { First, (Primary,) ..... Spasms

Second, (Immediate,) ..... Epilepsy

Duration of last Sickness, ... One Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemty

Date of Burial, Jan 14th 1879.

Undertaker, L. Ritz

Place of Business, No. 129½ S. Broadway.

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Enright

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow, Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 11 W. Lombard

Cause of Death, {First (Primary,) Typhoid Fever; Second (Immediate,) Perforation

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 15th 1879

{*Undertaker,* J & Burns; *Place of Business,* Front St}

Geo B Reynolds M. D.
Medical Attendant.

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella E. Richards

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 187½ N. Exeter St.

Cause of Death, First (Primary,) Old Age, Cardiac disease

Second (Immediate,) Dropsy & debility

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 15 79

Undertaker, C. W. Blizzard

Place of Business, 201 Penn

G. G. Brewer M. D.

Medical Attendant.

Address 218 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Clarke

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 22 Years, Months, Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Life

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 2 Clarkes Alley

Cause of Death, {First (Primary.) Peritonitis (brought on by confinement after child birth)} {Second (Immediate.) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Jan 15th 1879 4 Oclock

Undertaker, G. E. Rodermayer

Place of Business, 32 E Monr St.

Sam J Belt M. D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Andrews Letts.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington, Del.

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number} No 37 Jackson

Cause of Death { First, (Primary,) Organic disease of Heart

Second, (Immediate,) [redacted]

Duration of last Sickness, Twelve years -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial January 15th 1879

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

David Powell, M. D.
Medical Attendant.

Address, No 29 Fisquitrich

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2971 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Jan. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Butler

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Maryland

Duration of Residence in the City of Baltimore, 1 Lifetime

Place of Death, {Give street and number.} 57 N. Exeter St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, January 14th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

E. T. Timanus M.D.

Medical Attendant.

Address, 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th January 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elinor S. Hollingshead

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number } No 202 N. Carrollton Avenue

Cause of Death, { First, (Primary.) — { Second, (Immediate,) Pneumonia,

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 15th 1879

C. H. Jones *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W. Fayette St *Address,* 550 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1 12 #2912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aberilla J. Fassett.

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 9 2 *Years,* ..... *Months,* ..... *Days*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 67 S. Caroline St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jany 15/79

Undertaker, Hughes & Co

Place of Business, 65 & 67 Broadway

J. W. Houck M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29713. #29713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Perkins

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 96 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 25 Hanover St

Cause of Death, First (Primary,) General Debility & old age

Second (Immediate,) —

Duration of Last Sickness, 18 months confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Ft Peters

Date of Burial, January 15 1879

Undertaker, Mathias Cadoga

Place of Business, 230 Mulberry St

Edwd. F. Michael M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ath, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1879

Full Name of Dec[illegible] {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fowler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Rope Walk Lane near West St (over St

Cause of Death First, (Primary,)

Second, (Immediate,) Inanition from all its Lepra

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shar[illegible] Cem[illegible]

Date of Burial, Jan 14 1879

Undertaker, Jacob Davis

Place of Business, Lee St

James H Lewis M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

29715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria A. Davis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland. (Ross Common)

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 30 Union St.

Cause of Death, {First (Primary,) Puerperal Convulsions / Second (Immediate,)}

Duration of Last Sickness, about 16 hours.

All the above information should be furnished by the Physician

Place of Burial, Bonnie Brea cemetery

Date of Burial, Jan 14

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Address 82 [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Schwenner Sr

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wholesale Druggist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 200 N. Biddle St

Cause of Death { First, (Primary.) Pulmonary Consumption
Second, (Immediate,) .....

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 16th 1879

{ *Undertaker,* Andrew Leiz
Place of Business, 118 Druid Hill Ave

H. H. Keller M. D.
Medical Attendant.

Address, 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

#2 9717

illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Askins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 14 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 16 Eighteenth St

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 - 1879

Undertaker, James Gracerton

Place of Business, Orchard No 54

W. F. Hill *M. D.*
Medical Attendant.

Address 361 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

REGISTRAR OF VITAL STATISTICS.

29718

...dicted, any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Cor Potomac & Aisquith Sts

Cause of Death, {First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cimetery

Date of Burial, January 15th 1879

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

E. Jno. Williams M. D.
Medical Attendant.

Address 17 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY ▲ FILM

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lewis Hartman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Seven (7) *Months,* Twelve (12) *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 205 Townsend St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 15th 1879

John S. Lynch M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 S Liberty *Address,* 801 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm P. Mills.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, Wh —

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 259 S. Sharp St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 18th 1879

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, P. C. Naylor

Place of Business, Light St

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 2974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

Date of Death, January 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Schuchardt

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 75 *Years,* — *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} St Peters Alt (between Fayette & Saratoga)

Cause of Death, {First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 16th 1879

{*Undertaker,* Philipp F. Dill

{*Place of Business,* 188 Columbia Av

C. L. Buddenbaum M. D.
Medical Attendant.

Address, 166 Saratoga E.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 14 1879 BALTIMORE

Date of Death, Jan: 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Broderick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In 223 S Paca St Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} In 220 S Paca St

Cause of Death, {First (Primary,) Cyanosis

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, January 15th 1879.

Undertaker, Philipp F. Dill

Place of Business, No. 183 Columbia Av.

Chas. W. Wood M. D.
Medical Attendant.

Address In 220 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Author Hardesty.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, Wh—

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 138 S. Sharp St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Supposed Obstruction of Intestine From Birth.

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, Jan 15th 1879

Undertaker, [illegible]

Place of Business, [illegible]

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cole

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 15 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 Gravel alley

Cause of Death { First, (Primary,) Cold.
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 15th 1879

Undertaker, John C. Jordan

Place of Business, Park Ave

James H Mims M. D.
Medical Attendant

Address, Commis of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Jansen COVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Burton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years.* *Months,* *Days.*

Color, (colored)

~~Married~~, Single, ~~Widowed or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 41 Douglas St

Cause of Death { First, (Primary.) Pertussis - / Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cemetery

Date of Burial, Jan 15 1879

Undertaker, Charles A Mate

Place of Business, 35 Grundy St

Saml S Powell M. D.
Medical Attendant.

Address, 1029 Fisquett St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dalrymple

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Seven Years, Months, Days

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Co Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 56 Gaston Ave

Cause of Death, {First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 15 1879

Undertaker, John C Gordon

Place of Business, No 63 Park Ave

D. Lafferman M.D.
Medical Attendant.

Address, 69 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STAT

mit No. 29727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Knecht

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} /

Age, Years, 7 Months, Days.

Color, copite

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Johnsonstr. 152

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 Johnson St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsius burial ground Reisterstad

Date of Burial, Jan. 16th

Undertaker, M. Merle

Place of Business, Lights cor Pratt

H. Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magreth Eichenlaub

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 233 South Bond Street

Cause of Death, First (Primary,)

Second (Immediate,) old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Paul Cemetery

Date of Burial, Jan 15th 1879.

Undertaker, J. Litz

Place of Business, No 129½ S. Broadway

C. Charles Lowe M. D.
Medical Attendant.

Address No 214 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Graff

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Eighty-six *Years,* Three *Months,* Twenty-two *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty-four Years

Place of Death, {Give street and number.} 115 N. Eutaw St.

Cause of Death, {First (Primary,) old age

Second (Immediate,) debility —

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jany 16

{*Undertaker,* Wesley Duffel

Place of Business, 141 E. Balto St.

D. L. Dyer M.D.

Medical Attendant.

Address, 29 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Hankins

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, XXX

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annarundel Co. Md.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, { Give street and number } 765 E. Lombard Street

Cause of Death, { First, (Primary.) Cerebral Apoplexy

Second, (Immediate.) .....

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 15th 1879

Undertaker, Armstrong & Dorsey

Place of Business, 263 Eighth St

Jno E Donelle M. D.
Medical Attendant.

Address, 1796 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DUCANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Annie Thomas.

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 10 months + 22 days ~~Years~~, 10 Months, 22 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 259 Preston St

Cause of Death, {First (Primary,) Capillary Bronchitis / Second (Immediate,)}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 15 Jan

Undertaker, James Aldridge

Place of Business, 224 Penn Ave

W E Wiegand M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E Miller.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Abt 52 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, Widower {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Abt Fifty Years

Place of Death, {Give street and number.} 224 Orleans St

Cause of Death, First (Primary,) Pulmonal Aneurism

Second (Immediate,) Rupture of Aneurismal Sac

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 16 Jan 1879

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw Street

Address

Harvey Lewis, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Hilyard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 Years, 11 Months, ——— Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 276 Orleans St

Cause of Death { First, (Primary,) / Second, (Immediate,) Abscess in head

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 1879

{ Undertaker, The O I L C Co

{ Place of Business, Jefferson St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sullivan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number} 1 E. Pratt

Cause of Death { First, (Primary,) Cerebral Hemorrhage
Second, (Immediate,) Exhaustion

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 15. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

..... *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

Permit No. 29735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Coil

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and number} Hudson Alley & Falls

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Inflammation Lungs

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Jan 16 1879

Undertaker, Chas J Scrivner

Place of Business, 211 N Eutaw St

D W Bro M. D.
Medical Attendant.

Address, 56 Charles St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Morgan.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Amputation of Arm

Second, (Immediate,) Pyaemia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Lane

Date of Burial, Jan 16th 1879

Undertaker, Chas. L. Scriven

Place of Business, 271 N. Eutaw St

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Chs. Henry. Rhekopf

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 24 Little Walsh P.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Meningitis

Duration of last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 16 79

Undertaker, Andrew Eiz

Place of Business, 113 Druid Hill Ave

Louis C. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29738

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 123 Hollins St.

Cause of Death, First (Primary,) ~~Don~~ Placenta previa

Second (Immediate,) Privation from loss of blood

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 17th Jan.

Wm Wilson M. D.

Medical Attendant.

Undertaker, P. Kummerd

Place of Business, 317 Mulberry St. *Address* 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1879

Permit No. 2939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rumpelia L. Hoffman.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 3 3 *Years,* 10 *Months,* 17 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife of Warner Hoffman,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Burkheim Cty Germany.

Duration of Residence in the City of Baltimore, Over 30 Years.

Place of Death, {Give street and number.} 53 S. Oregon St.

Cause of Death, {First (Primary,) Inflamation of Bowels,

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jany 17th 1879

{*Undertaker,* Dane Leonard

Place of Business, Balto. opp Oregon

Wm. J. L. Wright, M.D.

" " " Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI...

No. 29740

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...equested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

...e of Death, January 14 1879

...ull Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Good

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Not less than 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 137 Hanover St

Cause of Death, First (Primary,) Cardiac Dropsy (ossification of valves)

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 mos under my charge.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Philadelphia Road

Date of Burial, Jany 16th 1879

Undertaker, John Stanton

Place of Business, No 150 Camden St

Jno R Duncan M. D.

Medical Attendant.

Address 680 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29741.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice C. Bond

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 2 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, About 2 hours

Place of Death, {Give street and number} 574 Little Mc Elderry St

Cause of Death {First, (Primary,) Lung trouble

{Second, (Immediate,)

Duration of last Sickness, all its life delicate

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Jan 16th 1879

Undertaker, Father Geo W. Bond

Place of Business, Balt Co Md

Thos H Sleem M. D.
Medical Attendant

Address, Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Schwatzenberg.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 11. *Years,* *Months,* 2 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor. Eutaw & Fayette St.

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Croup.

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jany 17.

Undertaker, John Teufel.

Place of Business, 616 W. Balto St.

Louis Ch Kerr M. D.
Medical Attendant.

Address, 296 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29743.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. M. & Nicolas Zegers (Parents)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 106 Jackson Square Ave

Cause of Death { First, (Primary.) / Second, (Immediate,) Convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 16th 1879

Undertaker, H. Forchlicht

Place of Business, Canton Ave

James A Stewart M. D. ~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Forchlicht. Stewart [M. D.]

...ore,

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 29744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cecilia Reed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 269 Aisquith St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 269 Aisquith St

Cause of Death, First (Primary,) ~~Marasmus~~ Tubercular disease of the brain.

Second (Immediate,) .....

Duration of Last Sickness, About ten days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, January 18 1879

John Morris *M. D.*
Medical Attendant.

Undertaker, Henry Heck

Place of Business, 209 Central Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...mit No. 29745

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard H Masterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 Pine st

Cause of Death, {First (Primary,) ~~Convulsions~~ Cerebral Meningitis

{Second (Immediate,) convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 17th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

Ad Colton M.D.
Medical Attendant.

Address 543 Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI

mit No. 29746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Reuder

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 113 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alsace

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number.} 374 Harford av

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) Failing perceptibly – somewhat dropsical – for about one month

Duration of Last Sickness, Rich^d McSherry M. D.

All the above information should be furnished by the Physician.

Medical Attendant.

Place of Burial, St Alphonsus Cemetary

Date of Burial, January 17th 1879

Undertaker, James P Byrne

Place of Business, No 63 n Front St *Address* 189 W Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA

ermit No. 29747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan - 14th - 1879 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Goldsmith —

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 — *Years,* 10 — *Months,* *Days.*

Color, white — *Sex,*

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co —

Duration of Residence in the City of Baltimore, all her life —

Place of Death, {Give street and number.} 139 north Park st —

Cause of Death, First (Primary,) apoplexy —

Second (Immediate,) General debility —

Duration of Last Sickness, nine years —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan

R. H. Goldsmith — M. D.
Medical Attendant.

Undertaker, Wm. H. Hughes

Place of Business, 231 Madison

Address 106 Harlem avenue —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

No. 29748 *29748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible], to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

Date of Death, January 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Askey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 159 Argyle Ave

Cause of Death, {First (Primary,) Organic Heart Disease / Second (Immediate,)}

Duration of Last Sickness, Abt 3 mos

All the above Information should be furnished by the Physician.

Place of Burial, Bal'o Cemetery

Date of Burial, Jany 17th

Undertaker, Thos J. Hugh

Place of Business, 60 E. Bal'o

O. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Finck

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* ____ *Days.*

~~Color~~,

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 504 N. Washington St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Laryngitis

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 16 1879

Undertaker, L. S. Bossieux

Place of Business, Orleans St

S. S. White, M. D.
Medical Attendant.

Address, 1612 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...t No. 29750 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

Date of Death, January 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Glansing Wichard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 18 *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Centreville Md

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} 363 Penna Ave

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 17

{*Undertaker,* J E Hough

{*Place of Business,* 319 Penna Ave *Address* 386 Druid Hill Av City

A. Tinsley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Board of Health, City of Baltimore,

Permit No. 29757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H. Parran

~~Sex, Male or Female,~~ { cross out the word not required in this line. }

Age, 67 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Brickmaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert Co. Md.

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, { Give street and number } 120 Henrietta St.

Cause of Death { First, (Primary,) Injury received from falling down Second, (Immediate,) steps about 5 months ago

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Wyanpotte County

Date of Burial, January 16 79

Undertaker, C. W. Elmore

Place of Business, Holland St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Coleman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Co. Va.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 131 Gurley st.

Cause of Death {First, (Primary.) / Second, (Immediate.)} Rheumatism & Bronchitis

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th

{Undertaker, W. Chase

{Place of Business, Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JAN 16 1879

Date of Death, Jan 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Jackson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Asthenia

Duration of last Sickness, Two Wks,

All the above Information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 16th 1879

Undertaker, R. Mullin

Place of Business, Cambridge St

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...t No. 29754

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Yates.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* Three *Months,* ~~ *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ~~

Place of Death, {Give street and number.} 96 Stiles St

Cause of Death, First (Primary,) ~~ Second (Immediate,) Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rural cimetary

Date of Burial, Jan 16 1879

Undertaker, Chas. A. White

Place of Business, 20 Hranby St

D.C. Ireland *M. D.*
Medical Attendant.

Address Coroner E Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore

Permit No. 29755

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jacob Hyper

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 20 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Point Lane near Harford Ave

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) Exhaustion

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (Cemetery)

Date of Burial, January 17th 1879

Undertaker, John N. Weaver.

Place of Business, 22 N. Fayette St.

S. T. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delilah Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} 093 W Lombard St

Cause of Death First, (Primary.) Double Pneumonia

Second, (Immediate,) "

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, L A Co Md

Date of Burial, Jan 17 1879

Undertaker, I. B. Cook

Place of Business, 707 Ball St

W. H. Keyser M. D.
Medical Attendant.

Address, 1 Mt Hayden Lib. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1287

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1901 BALTIMORE

Permit No. 29757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... Jan 15 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Howard Mahr

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 9 *Years,* 6 *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Howard County Md

Duration of Residence in the City of Baltimore, ... 7 Years

Place of Death, { Give street and number } ..... 48 S Hilton st

Cause of Death, First, (Primary.) ..... Dropsy

Second, (Immediate,) .....

Duration of last Sickness, ... 14 Months

All the above information should be furnished by the Physician.

Place of Burial, ... Western C

Date of Burial, ... Jan 17 — 1901

Undertaker, ... Blackistone

Place of Business, ... 606 Balt st

..... Saml Gutstein ..... *M. D.*
Medical Attendant.

Address, ... 585 W .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* about *Months,* *Days.*

Color, Colored

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, general house work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number} 43 Little Elder

Cause of Death {First, (Primary,) Second, (Immediate,)} Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 16. 1879

Undertaker, William M Duggee

Place of Business, 62 East St

Geo. B. Billingslea M. D.
Medical Attendant.

Address, Hanover Cor Pitt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...mit No. 29759 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 17 1879 BALTIMORE

Date of Death, January 15 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand [illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Ten (10) *Years,* Six (6) *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chicago Ills.

Duration of Residence in the City of Baltimore, nine months

Place of Death, {Give street and number.} 9 N. Gilmor St.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 17th 1879

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St *Address* 680 W. Fayette St.

Jno. R. Quinan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Certificate No. 29760

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Caesar Jacobs~~ Jan 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caesar Lucidy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* (*Months,* 14 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 Eutaw St

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 17th 1879

Undertaker, Thos. J Locke

Place of Business, 730 Jefferson St

E Hall Rutledge M. D.
Medical Attendant.

Address 157 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL ST...

...t No. 29761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA...

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Watts

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 86 N. Durham St

Cause of Death First, (Primary,)

Second, (Immediate,) Dropsy

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Jan 17th 1879

D. J. ...n M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 73 Jefferson St *Address,* 137 Colum...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 29762 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Mayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 104 Shaft St.

Cause of Death, {First (Primary,) Tubercular Laryngitis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cy

Date of Burial, 17 January 1879

Undertaker, Samuel Byrne.

Place of Business, 63 N. Front St.

Dr Lawrence A Barclay M. D.
Medical Attendant.

Address 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29763

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah S. Howard

~~Sex~~, *Male or* ~~Female~~, {cross out the word not required in this line.} Male

Age, 50 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 58 N. Broadway

Cause of Death, First, (Primary,) Cirrhosis or Cancer of Liver

Second, (Immediate,) Oedema of Lungs.

Duration of last Sickness, fifteen months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, January 17 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29764 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, C. *Sex,* F

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 Watson St

Cause of Death, {First (Primary,) Phthisis.

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 17. 1879

Undertaker, Wilmot & Sanger

Place of Business, 62 East St

F. T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 29765

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Heine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 7 yrs.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 164 Crop St.

Cause of Death, First, (Primary.) Softening of

Second, (Immediate,) the Brain

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Henry [illegible]

Date of Burial, January 18th

Undertaker, B. Carlin

Place of Business, [illegible] *Address,* 108 S. Sharp St.

DR. J. H. SMITH JAN 16 1879 BALTIMORE MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29766

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Max Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 Penn St

Cause of Death, { First (Primary,) Diphtheritic Croup

{ Second (Immediate,)

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 17 1879

Undertaker, P. Kummel

Place of Business, *Address* 534 W. Fayette St

K K Knox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL

No. 29767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 672 W Fayette St

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 17th 1879

E. Williams M. D.
Medical Attendant.

Undertaker, Keighes & Co

Place of Business, 550 W Fayette St *Address,* 121 W Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

WmCC

No. 29768 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

Date of Death, January 16, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R. Tapman

Sex, Male or Female, {Cross out the word not required in this line.} Mary R Tapman Female

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Poultney Ln

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 17th 1879

{*Undertaker,* Armistead & Demmy

{*Place of Business,* 265 Light St

H. B. Stoll M.D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 29769

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or as much sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JAN 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Timberlake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wheelwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 61 China st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Hemorrhage of the Lungs

Duration of last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 17 1879

Undertaker, Wm H Bishop

Place of Business, 97 Smithfield

R C Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

ermit No. 2977 9

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Jan. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luther Hawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty three *Years,* — *Months,* — *Days.*

Color, Black *Sex,* /

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number.} No. 2. Little Pine st.

Cause of Death, First (Primary,) Gunshot wound

Second (Immediate,) Consumption

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet St

Date of Burial, January 17th 1879

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Wm. H. Nichols Jr.

Place of Business, 97 Druid Hill Ave Address 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITA

ermit No. 29771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mingie Stein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Six (6) *Months,* Eight (8) *Days.*

Color, White *Sex,* ~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 331 South St.

Cause of Death, First (Primary,) ~

Second (Immediate,) Intestinal Hemorrhage

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, January 19th

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Knox.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 – *Years,* – *Months,* – *Days.*

Color, Colored.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 58 Church St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 17 1879

L. A. Bevil M. D.
Medical Attendant.

Undertaker, L. A. de Reynier

Place of Business,

Address, 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 29773

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15-12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Paine

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wood Engraver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number} 3 S. Arch

Cause of Death {First, (Primary,) Old age
Second, (Immediate,) Marasmus

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 19th

Undertaker, Forth Lake

Place of Business, no 161 E Balto St

Baltimore *M. D.*
Medical Attendant.

Address, 245 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 29774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible] Clarke

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 8 Brewers ally

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 8 Brewers ally

Cause of Death { First, (Primary,) ..... Second, (Immediate,) infantile entrenous, 2 weeks

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Bubbie Cemetery

Date of Burial, Jan 16 / 1879.

Geo C Ogle Coroner M. D.
Medical Attendant.

{ *Undertaker,* Fred'k A. Kuehnis
{ *Place of Business,* 50 S Carrollton Ave | *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltim

OFFICE OF REGISTRAR OF VITAL

Permit No. 29775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

Date of Death, 16 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ~~Months,~~ about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Foundling~~

Duration of Residence in the ~~City of Baltimore~~, Institution 10 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 18. 1879

Undertaker, Saml Bowen

Place of Business, 156 Division St

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 29776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

Date of Death, 17 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ~~Months~~, 6 weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 3 weeks

Place of Death, {Give street and number} St. Vincents Infant asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Spasm

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 18. 1879

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marburg Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 2977

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane ...

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* ... *Months,* ... *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Frederick County

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 183 Augusta st

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 19th 1879

Undertaker, Geo. Schilling

Place of Business, 1 Lexington Square

Wm. D. Revell M. D.
Medical Attendant.

Address, Broadway & ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 29778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accur... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Swinestow

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

Occupation, Cigar maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 1141 E Eager St

Cause of Death, First, (Primary.) Parenchymatous Hepatitis

Second, (Immediate,) Dropsy & Exhaustion

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 18th 1879

Undertaker, Fry & Bro

Place of Business, 54. 20. Broadway

Sw Slower M. D.
Medical Attendant.

Address E Col Eager St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 29779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gertrude Rehberger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* ~~——~~ *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 243 Mulberry St

Cause of Death, First, (Primary.) Meningitis (Tubercular)

Second, (Immediate.)

Duration of last Sickness, ~ 16 days ~

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Jan 19th 1879

Undertaker, L. Ehart

Place of Business, 269 Eastern Av

Thomas D. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 29780 #29780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Margaretha Scherr

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} E. Lombard East 113.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemetery

Date of Burial, 17 Jan 1879

{*Undertaker,* C. Eckhard.
Place of Business. 269 Canton Av

William Henkel M.D.
Medical Attendant.

Address S. Wolfe & 119.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Smith col'd

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 12 St Paul St Balto;

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } No 12 St Paul St Balto;

Cause of Death, { First, (Primary,) Pleuritis Empyema, Second, (Immediate,) .....

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary

Date of Burial, January 18 / 79

Undertaker, W H Gray

Place of Business, Druid Hill Ave

N. G. Keerle, M. D.
Medical Attendant.

Address, Balto Medical Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

t No. 29782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia McIntosh

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N. C.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 443 Low 87

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, abt 4 1/2 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Jan 17 1879

Undertaker, Wm C Lange

Place of Business, No 62 East st

Chas. Mohr M. D.
Medical Attendant.

Address, 62 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Wetzel

Sex, ~~Male or~~ Female, { Cross out the words not required in this line. }

Age, 83 *Years,* 2 *Months,* ——— *Days*

Color,

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 117 S. Eden st

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) Oedema pulmonum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, January 19th 1879

{ *Undertaker,* Heughes & co
Place of Business, 68 S Broadway

L Dillard M.D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. H. Schilling

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, 53 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number } 172 E. Broadway

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,)

Duration of last Sickness, 1 d 2 hs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 18th 1879

Undertaker, H. Saulsbury

Place of Business, 932 Eutaw

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29785

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1879 BALTIMORE

Date of Death, Jan 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Jane Stevens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 E. Broadway.

Cause of Death, First (Primary,) Anaemia from Umbilicus Hemorrhage from

Second (Immediate,) Convulsions.

Duration of Last Sickness, From Birth.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan. 18th 1878

Undertaker, Theo. J. Lochs

Place of Business, Jefferson St.

B. Freeman M. D.
Medical Attendant.

Address 26 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret J. Lochbaugh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 37 George St.

Cause of Death, First (Primary,) Tuberculosis of lungs

Second (Immediate,) Debility

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Q. R. Wheeler M. D.

Date of Burial, January 20 Medical Attendant.

Undertaker, J B Cook

Place of Business, 704 West Baltimore *Address* 234 W Hayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E Johns

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Flat Iron Alley

Cause of Death First, (Primary,) Premature Birth (7 mos)

Second, (Immediate,) Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18 1879

Undertaker, C. A. White

Place of Business, Granby St

Jas A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jo. Vansant

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lokia Rinkamp

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 46 Aisquith St

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,) 8 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemet.

Date of Burial, Jan 19th 79

Undertaker, Bauer & Bartell

Place of Business, 212 N. Eutaw St

J. W. Hon M.D.
Medical Attendant.

Address, 737 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lotta Olivia Fee

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 415 Eastern Avenue

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 19/79

Undertaker, Fry & Son

Place of Business, 534 Broadway *Address,* ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kraning

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 11 — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Mrs Mary Kraning (mother)

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 24 Washington Road - Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 24 Washington Road -

Cause of Death {First, (Primary,) Infantile Convulsions -

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 18th 1879

Undertaker, P. Hammel

Place of Business, 317 Lombard St

E. A. Chaumier M. D.
Medical Attendant.

Address, Balto. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Tuliafero

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Colored *Sex,* F

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Danville Va

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 159 Calhoun St

Cause of Death, First (Primary,) apoplexy

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19 1879

R. H. Goldsmith — M. D.
Medical Attendant.

Undertaker, S Chase

Place of Business, 101 S Howard St *Address* 106 Hanover Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...it No. 29792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1879 5:10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Jones

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Two (2) *Years,* Six (6) *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 212 Conway St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No 12 S. Liberty Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Six (6) days.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery.

Date of Burial, Jan. 19th 1879

Undertaker, D. M. Chase

Place of Business, 198 S. Howard St.

Wm. H. Anderson, M.D.
Medical Attendant.

Address, 606 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H Leonard

Sex, Male or Female, {Cross out the word not required in this line.} ——

Age, —— *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 21 S. Munro St

Cause of Death, {First (Primary,) Marasmus. / Second (Immediate,) ——

Duration of Last Sickness, Whole life (9 mos)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemy

Date of Burial, Jan 19th 1879

James Bosley M. D.
Medical Attendant.

Undertaker, Fred N. Frolt

Place of Business, Hanover

Address 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 29794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 16th " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willemina Allard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, whole life.

Place of Death, {Give street and number.} 320 N Broadway

Cause of Death, {First (Primary,) Pleuro-Pneumonia
Second (Immediate,) Six days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. S. F. Coyner M. D.
Medical Attendant.

Date of Burial, Jan. 19, 1879

Undertaker, Wm. H. Stehman
Place of Business, 234 N Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...e Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ... forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selah Cole

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 78 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Westbrim Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} E. Monument 180

Cause of Death, First (Primary,) Old age

Second (Immediate,) Heart Disease

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, [redacted]don Park Cem.

Date of Burial, Jan 19, 1879

Undertaker, Wm. H. Stockman

Place of Business, 234 N. Gay St.

E. A. Baldwin M.D.
Medical Attendant.

Address, 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cook

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 260 McDonough St

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) ———

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 18th 1879

Undertaker, William McLaughlin

Place of Business, 62 East St

D D Gue[illegible] M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 29797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catherine Lester

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 80 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Over (80) Years

Place of Death, { Give street and number } 176 Somerset Street

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, January 20 1879

Undertaker, Henry Hook

Place of Business, 308 W. Baltimore

J. W. Elgin M. D.
Medical Attendant.

Address, Cor Fayette & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Trotfelder

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 4 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 13 Fell St.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,)

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 January 1879

Undertaker, Chas C. Pitch

Place of Business, 165 Main [illegible]

J. J. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or hor last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and conditlon (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Valie Bonnet

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 251 South St

Cause of Death, First, (Primary,) Enteritis Infantum

Second, (Immediate.)

Duration of last Sickness, 1 da

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemtry

Date of Burial, 19th Jan. 1879

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

J. Thos. M. D.
Medical Attendant.

Address, 245 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Ellis

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 38 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Ship Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 34 Philpot St.

Cause of Death, { First, (Primary,) Chronic Hepatitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. G. Cemetery Phila. Road

Date of Burial, 19th Jan'y 1879

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann,

_____ M. D.
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Stapleton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland - 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 49 President St

Cause of Death First, (Primary,) Asthma

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 or 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, Jan 20th 1879

Undertaker, Henry W. Mears

Place of Business, Gay St

Thos A Clemm M. D.

~~Medical Attendant.~~

Address, Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Geo E. Fayler

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kelly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cotton Spinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 150 Eastern Ave.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, 8 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 10 1879

Undertaker, Mc. Funk

Place of Business, Bank St

..... M. D.
Medical Attendant.

Address, E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan, 16 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Agnew

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Erysipelas / Cellulo-Cutaneous
Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Ea. Pub. Cemetery

Date of Burial, Jan 18th 1879

Undertaker, P. McCollin

Place of Business, Cambridge St.

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Leroy

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color ~~ael~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Douglas No 40

Cause of Death, {First (Primary,) ..... Second (Immediate,) Fusinus Nacentinus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Jan 18th 1879

Undertaker, Pat Mullin

Place of Business, Cambridge St

E. L. Baldwin M.D.
Medical Attendant.

Address, 124 n Eden

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes uuder his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...mit No. 29805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11 Jan. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo L Blizzard

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, 0 *~~Years,~~* 4 *Months,* 2 weeks *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 65 Division st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 18 1879

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

G F Dunyhue M.D.
Medical Attendant.

Address, 129 N Bond

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Office of Registrar of Vital Statistics.

Permit No. 29806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17 Jan 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Green

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, colt

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 2 Marsh st.

Cause of Death, {First (Primary,) Bronchitis.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 18 79

Undertaker, C W Blizzard

Place of Business, 209 Pac

C L Tarnphill *M. D.*
Medical Attendant.

Address, 129 N. Bridal st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATIS

mit No. 2980 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Andrews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 ~~house~~ McMechen St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 19th 1879

Undertaker, Wm Johnsons

Place of Business, No 4 x 6 Druid Hill Ave *Address* 152 W Madison St

N D Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Sarah Hackett

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. } W

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } 114 N Washington St

Cause of Death, { First, (Primary,) Uremia Coma

Second, (Immediate,)

Duration of last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Johns Waverly Baltimore Co

Date of Burial, 20 Jan 1879

Undertaker, Fry & Son

Place of Business, 67 N Broadway

Thos B Arnold M. D.
Medical Attendant.

Address, 7 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ait No. 2980 9

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Jackson Tillotson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 14 Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Ryter St near Washington Ln

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 20th 1878

Undertaker, Adam Funk

Place of Business, 461 W. Gay.

H W White, M. D.
Medical Attendant.

Address 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

Permit No. 29810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 17/879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Rhein

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number} 167 Maryland Ave

Cause of Death, First, (Primary,) Chronic Ulceration of Womb, Uterine Hemorrhage of Womb

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius

Date of Burial, Jan. 20th 1879

A. Gregg Shertzer M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics, in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18[illegible] 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Gorsuch

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 8 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 235. N. Bond st. S. E. Cor. Barnes

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan'y 19th 1879

Undertaker, Fry & Bro

Place of Business, Broadway

Pierre Gev. Dauvergne M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...ltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 29812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18[illegible] 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Cahill.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 0 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} Dictator St. corner Point

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Haemoptysis

Duration of Last Sickness, 3 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 19. 1879

Undertaker, H. A Daige

Place of Business, 74 S. Broadway

D. J. Sullivan. M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Walter Canada

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 212 Hamburg st

Cause of Death First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sunday 19th 1879

Undertaker, Nicholas Ross

Place of Business, 95 Broadway St

M. D.

~~Medical Attendant.~~

Address, Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19[illegible] 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. M. Roach.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~One~~ *Years,* ~~—~~ *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 265 Saratoga St.

Cause of Death {First, (Primary,) ~~Tetanus Infantum~~

{Second, (Immediate,) Tetanus Infantum

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Hancock Md

Date of Burial, Jan 20th 79

Undertaker, Jos H Loane

Place of Business, 1 N Fremont St *Address,* 226 Mulberry St.

Louis C. Bishop M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1292 1292 Fremont

[OVER.]

Permit No. 29815

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Allen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 8 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 1 Tuppenny bit Alley

Cause of Death, First (Primary,) Pseudo membd ngia Croup

Second (Immediate,) suffocation

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19th 1879

Undertaker, Wm H. Deangee

Place of Business, No 62 East st

John A. Conner M. D.
Medical Attendant.

Address 14 Asquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 29816

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Seemptt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 19 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} V

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 133 Exeter St

Cause of Death {First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 11 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 20th Jan

Undertaker, Jones & Denny

Place of Business, Eutaw & Hamburg

Jno. N. Dugan M. D.
Medical Attendant.

Address, 164 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

OFFICE OF REGISTRAR OF VITAL S

Permit No. 2987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th January 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pfaff.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mistress of a family.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} 96 Battery av.

Cause of Death, First (Primary,) Valvular Disease of Heart. Aortic & Mitral

Second (Immediate,) Sudden death from the Disease of Aortic Valves.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 20th

Undertaker, B Harley

Place of Business, No 411 Light St.

Wm C van Bibber M.D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29818

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1899 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Berry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, former

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, six months.

Place of Death, {Give street and number} Balto Infirmary

Cause of Death { First, (Primary,) Bright's Disease (Kidney)
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 19th

Undertaker, A. Wagaman

Place of Business, 13 Saratoga St

E. A. Cheeseman M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...Board of Health, City of Baltimor...

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 29819.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Burs

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 4 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 70 Seton Court between Eutaw & Liberty

Cause of Death, First (Primary,) Effusion

Second (Immediate,) Chorea

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Jan 19th 1879

Undertaker, F. A Kerchner

Place of Business, S. Carrollton Av

L. L. Dyer M.D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ January 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph R. Perkins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eight *Years,* ~~____~~ *Months,* ~~____~~ *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~____~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 171 St Paul st

Cause of Death {First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, 19th Jan 1879

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Martinore

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coun[illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ann[illegible] Knire

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, E. Pebble's Cem[illegible]

Date of Burial, Jan 19 "1879

Undertaker, P. Mullin

Place of Business, Cambridge St

J. H. G[illegible] M. D.

Medical Attendant.

Address, 25 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma W. Caley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 80 Hilland St

Cause of Death First, (Primary,) Mumps and Stomatitis,

Second, (Immediate,) Convulsions,

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20th 1879

Undertaker, Hy W. Mears

Place of Business, 46 N Gay St

Wilmer Bruce M. D.
Medical Attendant.

Address, 25 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen Behrens,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charlestown W. Va.

Duration of Residence in the City of Baltimore, Eighteen months

Place of Death, {Give street and number} 445 S. Ann St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Coma

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 20 1879

Undertaker, S Hanson

Place of Business, 245 Ann St.

G. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Mark. Rs.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 29824

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wyeth Norris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 Years, 8 Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City "

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 169 Dolphin St

Cause of Death, {First (Primary,) Erasmus

{Second (Immediate,)

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Lemuel W. Wood M. D.

Date of Burial, January 21st 1879 Medical Attendant.

{*Undertaker,* Wm Weaver

{*Place of Business,* No 202 N. Eutaw St Address No 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

AFETY ▲ FILM

Permit No. 29825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie A. Kellough

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* —— *Months,* 17 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 100 N. Fremont St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 20th 1879

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Fremont St

J. E. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 20 1879

Permit No. 29826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19 "1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Stewart

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 60 W. Pratt St.

Cause of Death First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Jan 21 '1879

James A Ellis M. D.

~~Medical Attendant~~

Undertaker, Father John B. Stewart

Place of Business, 60 W. Pratt St *Address,* Comm of Health Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant

Permit No. 2982 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Duffy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 98 So Eutaw,

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 98 So Eutaw,

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, January 21st 1879

Undertaker, John S Mackie

Place of Business, No 150 Camden *Address* 18 So Eutaw.

J Wm Walls *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29828

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Barry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dresse Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Cork (Ireland)

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the poor Cor. John and Hollins

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 21st 1879

Undertaker, Henry Schultheis

Place of Business,

F. A. Blume M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Act ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTERED JAN 29 1879 BALTIMORE

Permit No. 29829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen E Emmerson James

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} (Parents)

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 235 Cross St near Hanover

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Jan 20th 1879

Undertaker, J. A. Kerchner

Place of Business, Corner Calhoun & Fayette Sts *Address,* Comm of Health

Edward A. Gluck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2d And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr Bannon

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

Permit No. 29830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Briscoe

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 81 Harmony Lane

Cause of Death First, (Primary,) Pertussis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 20 1879

Undertaker, Chas A. White

Place of Business, Gaundy St

James H Cleaver M. D.

~~Medical Assistant~~

Address, Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Jos Vansant M. D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 1879

Permit No. 29831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19th 79. 2 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Elmer Koch

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One (1) Years, Four (4) Months, Fourteen (14) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 495 N Gay Street

Cause of Death, First, (Primary,) Laryngitis Croupous

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 20 Jan 1879

Undertaker, Adam Fink

Place of Business, 461 N Gay St

Jno R Shaw M. D.
Medical Attendant.

Address, E Of Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE JAN 20 1879

Permit No. 29832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Schmidt

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 6 yrs in America

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, {First (Primary,) Ischiorne of Sylorne / Second (Immediate,) Exhaustion

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 21 1879

Undertaker, H. Schultheis

Place of Business, Monument

Osca. J. Culley M.D.
Medical Attendant.

Address, 158 E. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29833

JAN 20 1879

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fourteen *Years,* *Months,* 8 — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} Vine Street, One door from Shroder st.

Cause of Death { First, (Primary,) Indigestion
Second, (Immediate,) Convulsions

Duration of last Sickness, Two days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Monday Jany 20th 79

P. S. Fuller M. D.
Medical Attendant.

Undertaker, Unknown Blackiston

Place of Business, Balto St No 606 *Address,* No. 2 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29834

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Avonia Hooker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore in county 2 mos.

Duration of Residence in the City of Baltimore, 10 or 11 months.

Place of Death, {Give street and number.} 13 Jordan Alley

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Convulsions

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, January 21st 1879

Undertaker, Chas F. Schreiver

Place of Business, 2118 Eastern Ave

Eldridge C. Cole M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane Moore

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty five years.

Place of Death, {Give street and number.} 59 Courtland St.

Cause of Death, First (Primary,) Phthisis.
Second (Immediate,) Exhaustion.

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 21/79

Undertaker, Stewart & Mosher

Place of Business, 38 Park Av.

Chas. S. Buckner M. D.
Medical Attendant.

Address 46 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 30 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Towne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Middletown Connecticut

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} Westminster Church Residence 26 N Hanover St

Cause of Death, First (Primary,) Cardiac Neuralgia

Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cy

Date of Burial, Jany 22/79

Undertaker, Edward Kilhower

Place of Business, 38 East Lee

Henry Smith M. D.
Medical Attendant.

Address N 124 Paca St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Klug

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* " *Months,* " *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 225 Pierce St.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Senile Brunonia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Edmond M. D.

Medical Attendant.

Date of Burial, 21st of Jan

Undertaker, P Kimmel

Place of Business, 317 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTER OF VITAL STATISTICS.

Permit No. 29838

JAN 20 1879 HEALTH DEPT. BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 William St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 20th 1879

Undertaker, Armstrong & Perry

Place of Business, 269 Light

H. B. Noble M.D.
Medical Attendant.

Address 17 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29839

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 4 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Bowman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ~~10~~ *Months,* *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the wor is not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monongahela City Pa"

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 107 Tyson St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, Under my care 3 weeks, do not know how long she had been ill

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20th 1879

{*Undertaker,* Wm Jones Gray

{*Place of Business,* 66 Mulberry St

Elias L. Price M. D.
Medical Attendant.

Address 267 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29840

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Camilla Ann Nelson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Fifty three *Years,* ten *Months,* Fourteen *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chamber-Maid

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Md

Duration of Residence in the City of Baltimore, About fourteen years

Place of Death, {Give street and number.} 42 Penn St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, About nine months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 21st 1879

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

D L Rice M.D.
Medical Attendant.

Address, 89 Mulberry St

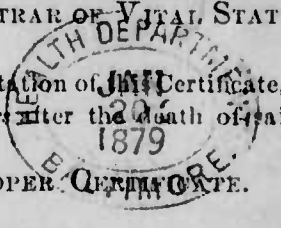
Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29841

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Gross

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, col

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Caroline Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Forest 55

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart disease

Duration of Last Sickness, 3 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20th 1879

Undertaker, Wm. H. Bangee

Place of Business, No 62 East St.

E. C. Baldwin M. D.

Medical Attendant.

Address, 124 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2,042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

29842

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Wesley Banks

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 10 *Years,* .... *Months,* .... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} ....

Cause of Death, {First (Primary,) .... Second (Immediate,)} Pneumonia Chronic Chronic

Duration of Last Sickness, ...

All the above informaties should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20th 1879

{*Undertaker,* .... Wm. H. Bungee

Place of Business, 56 62 East, st}

C C Cox M. D.
Medical Attendant.

Address ....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29843.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday 16 Feb 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Eliza Shuman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Three 3 *Years,* Two (2) *Months,* Ten (10) *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 744 N. Canal St

Cause of Death, First, (Primary,) Scarlatina ab Nephritis & Diphtheritis

Second, (Immediate,) & Uremia

Duration of last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, February 21 1879

Undertaker, Geo. Keech

Place of Business, 40 Central Ave

Address, S. E. Cor Bayard & Carrollton Ave

Silas Slowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HALTIMORE STREET
JAN
20
1879

Permit No. 29864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Mark

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation, Wife,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 24 years —

Place of Death, { Give street and number } 351. E. Eager St.

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) — & perforation of Stomach

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cem

Date of Burial, January 21

Undertaker, H. Hoeck

Place of Business, 309 Central Av

H. A. Dehmel M. D.
Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Scott

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 6 Brown's Alley

Cause of Death, {First (Primary,) Congestion of Lungs

Second (Immediate,) Inanition

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Jan 19th ~~22d~~ 1879

{*Undertaker,* Fred'k A. Kerchner

Place of Business, 50 S Carroll Ave

E. H. Holbrook M. D.

Medical Attendant.

Address Home. Dispensary 25 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 29846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. A. Butler.

Sex, Male or Female, { cross out the word not required in this line. }

Age, One *Years,* One *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 121 N. Bethel St

Cause of Death, { First, (Primary.) } { Second, (Immediate,) } Eclampsia.

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 22d 1879

G. F. Taylor M. D.
Medical Attendant.

Undertaker, Chas J Loebs

Place of Business, 78 Jefferson *Address,* 210 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

Permit No. 29847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Knapp

Sex, Male or Female, { cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } No 226 Eden st

Cause of Death, First, (Primary.) Tuberculous Consumption

Second, (Immediate.) Exhaustion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Jan 21

Undertaker, Fitz Bros

Place of Business, 54 N Eutaw

Wm L Russell M. D.
Medical Attendant.

Address, Broadway & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Curtis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 9 Read alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 9 Read alley

Cause of Death, {First (Primary,) Croup

Second (Immediate,) ...

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 20" 187

J J Shultz *M. D.*
Medical Attendant.

{*Undertaker,* Jacob Davis
Place of Business, Lee St

Address 260 South Eutaw St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special A... ...his Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Owens

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, About 60 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 21 Sarah Ann st

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 20 '79

Undertaker, J. M'Chase

Place of Business, 8 Howard st

H Darling M. D.
Medical Attendant.

Address, 232 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 29850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Brown

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 54 *Years,* — *Months,* 2 *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Wagoner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 12 Raburn St Balto Md

Duration of Residence in the City of Baltimore, 54 years 2 days

Place of Death, {Give street and number.} 27 Raburn St

Cause of Death, First (Primary,) Insanity

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 years and 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 21 1879

Undertaker, {} W. C. Mace

Place of Business, 8 Howard St

J. A. Gillis M.D.

Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Connor.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 1/2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, Jan 21st /78

Undertaker, C. F. Kramer

Place of Business, 204 Hanover

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Barta

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia (Austria)

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 322 Canton Av

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Pleasant Cemetery

Date of Burial, Jan 22th

L. C. Winternitz M. D.
Medical Attendant.

Undertaker, Bishop & Co

Place of Business, [illegible] Broadway *Address,* 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20 a 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur V. Keene

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 239 Henrietta St

Cause of Death {First, (Primary,) Premature Birth
Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 21 1879

Undertaker, Conrad Hotles

Place of Business, Henrietta St

Samuel A Steuart M. D.
Medical Attendant

Address, Comm of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Horney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 16 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 200 E. Lombard St.

Cause of Death { First, (Primary,) ——
Second, (Immediate,) Gangrene of Lung

Duration of last Sickness, 17 days

All the above Information should be furnished by the Physician.

Place of Burial, M. E. Cemetery on Phila Road

Date of Burial Jany 21 1879

Undertaker, ~~Hughes and Co~~ Hy Bro.

Place of Business, ~~65 S. Broadway~~ 54 N. Broadway

E. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29855

The Physician who attended any person in **his** last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarett Mary Fitzsimmons

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 34 Neighbor St

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, 27th Jan 2 Oclock

Silas U. Hunter M. D.
Medical Attendant.

Undertaker, Geo. A. Robertson

Place of Business, 38 Eden St

Address, 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...TATISTICS.

Permit No. 29856 = 29856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolonia Hirrel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 170 Sharp St

Cause of Death, {First (Primary,) Pulmonary Hemorrhage

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, January 21 1879

Undertaker, Charles F. Hoerlein

Place of Business, 161 Hanover

L. C. Bruch *M. D.*
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Falter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Three (3) *Months,* Twenty-one (21) *Days.*

~~*Color,*~~ *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 882 W. Pratt St

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 22nd 1879

Undertaker, B. Haile

Place of Business, Light St

C. C. McDowell M. D.
Medical Attendant.

Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Carlina Schweinberg

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 123 Columbia St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Lutheran

Date of Burial, Jan. 21st 1879

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

C. L. Sudlenberg M. D.
Medical Attendant.

Address, 60 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st Mo 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Cosgrove

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House-keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 Years.

Place of Death, {Give street and number} 82 Richmond St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Jan 22nd 1879

Wm Riley M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 65 n Liberty *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 20 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane McGillen

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Drug Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give street and number} 317 Mulberry

Cause of Death {First, (Primary,) Pulmonary Consumption

{Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 22d 1879

Undertaker, F. Lewis Schafer

Place of Business, 109 N. Fremont

L M Washburn M. D.
Medical Attendant.

Address, 849 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Brut

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eleven *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eleven Months

Place of Death, {Give street and number.} 114 Lee Street

Cause of Death, {First (Primary,) Natural

{Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery | E. K. Tilly *M. D.*

Date of Burial, | Medical Attendant.

Undertaker, J. H. Kalzner

Place of Business, 338 Penn Ave | *Address* Corner Hanover & Lee Sts Baltimore City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29862

The Physician who attended any person during his last illness is responsible for the correctness of the statements hereby filled out, to the Undertaker or other person superintending the burial of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jackson

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 33 Shuler St

Cause of Death {First, (Primary,) Peritonitis
Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemy

Date of Burial, Jan 21st 1879

Undertaker, Pat. Mullin

Place of Business, Cambridge St

James A Steuart M. D.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19 + 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Woodland

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Chermut Alley

Cause of Death, First (Primary,)

Second (Immediate,) Cancer of Breast

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20 1879

W. H. Hilleary M. D.
Medical Attendant.

Undertaker, W Chase

Place of Business, No 198 Howard *Address* 58 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. T. Hyson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Lumber Inspector

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number. } Cor Edmondson Ave & Carey St

Cause of Death, { First (Primary,) Bright's Disease

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany 22 1879

Undertaker, Wm. S. Hughes

Place of Business, 60 E Baltimore St

M. D. Medical Attendant.

Address 185 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st Mo 20th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W Dukehart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during his life

Place of Death, {Give street and number} No. 439 W. Fayette St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 30 days Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany 22 1879

Wm Riley M. D.
Medical Attendant.

Undertaker, Thos J Eyles

Place of Business, Co E. I Baldwin *Address,* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Crockett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston Mass.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number} 355 Bond Street

Cause of Death {First, (Primary,) Pneumonia.
Second, (Immediate,)

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Jan 22d 1879

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St

I Shotwell Townsend M. D.
Medical Attendant.

Address, 97 W Charles Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

Date of Death, January 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Donaldson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland. 26 years in U S

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} No 8 Tyson

Cause of Death First, (Primary,) Unknown

Second, (Immediate,) Natural. Apoplexy probably sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Jan 22nd 1879~~ Bath Cemetery

Date of Burial, Jan 22nd 1879

Undertaker, Wm J Andrews

Place of Business, 164 & 6 Druid Hill Ave

Edmund R Walker M. D.
Medical Attendant.

Address, Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Donelan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 39 President St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetary

Date of Burial, January 21 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St

W W White M. D.
Medical Attendant.

Address 2 Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Albany N. York

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number} 524 Philpot St

Cause of Death {First, (Primary,) old age

Second, (Immediate,) Paralysis of Bladder

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 22 "1879

Undertaker, W. C. Waltemann

Place of Business, 179 S. Bond St

Thos A Clemens M. D.
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Delaney

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} 316. Alicanna St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Old age

Duration of last Sickness, 9 months.

All the above Information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Jan 22nd 1879

Undertaker, John C. Schultz

Place of Business, Alicanna St

James A Clemm M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29811 29871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Lasco

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 124 Hamburg St

Cause of Death, {First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, January 22ond

{*Undertaker,* Armstrong & Denny

Place of Business, 263 Light st

J. C. Burch M. D.
Medical Attendant.

Address 151 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 20 Jan 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* —*Months,* —*Days.*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Shucker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Do.

Place of Death, {Give street and number.} 73 Gribbin's Court.

Cause of Death, First (Primary,) Brights Disease Cont. from

Second (Immediate,) Abscess from Chronic Lung.

Duration of Last Sickness, 3 weeks in house.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22nd

Undertaker, A. Wayman

Place of Business, 13 Saratoga, St.

T. [illegible] M. D.
Medical Attendant

Address 26 E. Bro[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Mary Jennifer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 39 Lissie St

Cause of Death { First, (Primary,) Capillary Bronchitis & Pneumonia / Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 21 1879

{ *Undertaker,* S. W. Chase / *Place of Business,* 8 Howard st

S. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 1077 ...TATISTICS.

29874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Cullison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 16 *Months,* ... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 25 Carlton St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Pneumonia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 22 79

Undertaker, S W Chase

Place of Business, 8 Howard ave

J. W. C. Cuddy M. D.
Medical Attendant.

Address 32 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilburges Kreuzer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number} 50 Biddle Alley

Cause of Death First, (Primary,) Heart Disease

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, about 2 weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 22 1879

C Winston M. D.
Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, Druid Hill Ave *Address,* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Orlando Sanks

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Illinois

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 273. W Lombard St.

Cause of Death, {First (Primary,) Tubercular Meningitis

{Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jany 22/79

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

Edwd F. Michaelis M.D.
Medical Attendant.

Address, 279. W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Gardner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 34 McCulloh St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Friend's ground, Harford Road

Date of Burial, January 22nd 1879

Undertaker, Thos Lodey & Son

Place of Business, 1/2 Hanover St

Elias L Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

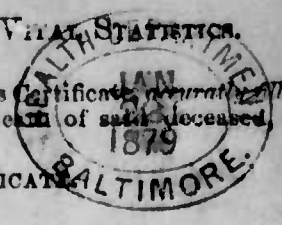
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29878



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21 – 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Effing

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 107 Forest st.

Cause of Death, First, (Primary,) old age

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 23, 1879

Undertaker, Henry Heath

Place of Business, 219 Central Ave

P. G. Dauler M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Reed.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 116 S. Sharp St.

Cause of Death, {First, (Primary,) Second, (Immediate,)} Pneumonia

Duration of last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Jan 23rd

Undertaker, Armstrong & Denny

Place of Business, 263 Light Street

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 12.9.1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McAllister.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 Market Space.

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,) 3 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Jan 22 nd 1879

{*Undertaker,* Murphy & Co

Place of Business, 65 S Broadway

I W Hmek M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 22 1879
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L Dixon

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Col Freed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Cornet

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, January 21

Undertaker, Patrick Mullin

Place of Business,

J. H. Driver *M. D.*
Medical Attendant.

Address, 259 Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ennis

Sex, Male or Female, {cross out the word not required in this line.}

Age, Co 8 *Years,* *Months,* *Days.*

Color, colrd

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annemundel Co Md

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} 71 Booth St

Cause of Death { First, (Primary,) Typhoid Pneumonia
Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24

Undertaker, J B Cook

Place of Business, 707 W Baltimore St *Address,* 83 & W Baltimore St

John Duff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brown

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 81 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widower~~

Occupation, Retired

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of New York

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 274 Druid Hill Ave

Cause of Death, First, (Primary,) Straight Disease

Second, (Immediate,) Chronic Poisoning

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Md

Date of Burial, 24 June 79

Undertaker, Wm Weaver 202

Place of Business, Eutaw St

C Winslow M. D.
Medical Attendant.

Address, 27 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22d. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Devlin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Burns

Second, (Immediate,) Shock

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial 23 Jan. 10 A Clock

Undertaker, Largo & Rodemaye

Place of Business, 38 Saratoga St.

J. R. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V. Taylor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, seven *Years,* — *Months,* *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East-st. adj.

Duration of Residence in the City of Baltimore, seven years

Place of Death, {Give street and number.} No. 68 Jasper st.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22nd 1879

Undertaker, W. H. Bishop

Place of Business, 1– Saint Paul St.

F. B. Garaner M. D.
Medical Attendant.

Address 120. N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 22? 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mackin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 52 Granby St

Cause of Death { First, (Primary,) ——
Second, (Immediate,) old age.

Duration of last Sickness, Confined about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial Jan 23" 1879

Undertaker, James P. Byrne

Place of Business, Front St

James H Steuart M. D.
~~Medical Examiner~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Isaac E. Taylor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

Date of Death, January 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kahl

~~Sex. Male or~~ Female, {Cross out the words not required in this line.}

Age, 11 *Years,* — *Months,* 16 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Dolphin & Argyle av

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,) Asthenia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jan 23rd 1879

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

Geo. Greenawalt M.D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane McIntyre

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 90 *Years,* + *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, from Childhood

Place of Death, {Give street and number} No 32 N. Bond

Cause of Death, First, (Primary.) old age,

Second, (Immediate.) Synope

Duration of last Sickness, Insignificant

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 23d 1879

Undertaker's J. J. Chalmers Bennett

Place of Business, 233 E. Balte St.

John S. Lynch M. D.
Medical Attendant.

Address, 101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Koenig

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 17 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 34 E. Register St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Asthenia

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Ht Olivet Cem

Date of Burial, Jan 24th 1879

Undertaker, A. Keller

Place of Business, 242 E. Lombard St

John S Lynch M. D.
Medical Attendant.

Address, 101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred K. Dorsett.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ 7 *Months,* 11 *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 7 mos. 11 days.

Place of Death, {Give street and number} 935 E. Pratt St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Measles.

Duration of last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan. 23 1879

Undertaker, Peter Kassmeyer

Place of Business, 317 Mulberry

H. L. Lucas M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 29891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Bolf

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 35 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 223 William St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Hyderus Lot

Date of Burial, January 23 1879

Sherlock Cox M. D.
Medical Attendant.

Undertaker, J. Hyde

Place of Business, 111 Light St

Address, 426 Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Bornemann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 886 W. Pratt St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Abcess

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, January 24th

Undertaker, W. B. Marsh

Place of Business, 44 Light St.

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fredk Hirschmann.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 33 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 181 Hudson St. (Canton)

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) Hemorrhage & Ulcer

Duration of last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 23th Jan 1879

G. A. Dohman M. D.
Medical Attendant.

Undertaker, Wm Nicolans

Place of Business, 258 Alice Ann *Address,* 862 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reilly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 32 years

Place of Death, {Give street and number} 8 N Schroeder St

Cause of Death {First, (Primary,) Cardiac disease Immediate

{Second, (Immediate,) Dropsy Death sudden

Duration of last Sickness, under Attendance 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 23rd 1879

Undertaker, Joseph F. Byrne

Place of Business, 59 N Liberty

Martin Brown M. D.
Medical Attendant.

Address, 62 W. Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 51 *Years,* ——— *Months,* ——— *Days.*

Color, Negroes

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederic Co

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 40 Hillen St

Cause of Death, {First (Primary,) Typhoid Pneumonia / Second (Immediate,)}

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jany 23d 1879

Undertaker, Wm Sames Gray

Place of Business, 65 Mulberry St

C. Mclean M. D.
Medical Attendant.

Address 57 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephan Lehmeider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, twenty two years

Place of Death, {Give street and number.} N. 209 Wolfe St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 24th 1879

Undertaker, Adam Fink

Place of Business, 46 N. Gay St.

W. H. White M. D.
Medical Attendant.

Address 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lemon d Iron D'Delaware Peninsula

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, {Give street and number.} 33 Marion St

Cause of Death, First (Primary,) Stricture

Second (Immediate,) Pulmonalis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery *Thomas Lapsington* M. D.
Medical Attendant.

Date of Burial, Jan 25th 1879

{*Undertaker,* J E Jordan *Address* 70 Centre St
{*Place of Business,* 63 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Pinket

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 44 Peach alley

Cause of Death { First, (Primary,) Rheumatism
Second, (Immediate,)

Duration of last Sickness, eleven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 23, 1879

Undertaker, Hercules Rose

Place of Business, Conway st

Thos H Elam M. D.
~~Medical Attendant~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Jos Vansant

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29899.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Morrison

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 1 day.

Place of Death, {Give street and number} 329 monument

Cause of Death {First, (Primary,) Unknown / Second, (Immediate,) 1 day.

Duration of last Sickness, ~~1 day~~ 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 23. 1879.

Undertaker, J. D. Rossing.

Place of Business, 97 Druid Hill Ave

J. H. Guy *M. D.*
Medical Attendant.

Address, 167 Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Blank Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 14 S. Washington St

Cause of Death, {First (Primary,) ——

{Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, About nine days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, January 24th 1879

E. Tray M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway *Address* 198 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ISTICS.

Permit No. 29901 ~~29901~~ 29901 //

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Myers

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 28 *Years,* 10 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wurtenberg. Germany. 7 years in the U. States.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Front St 170

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Peripneumonitis

Duration of Last Sickness, 4 days in bed

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24 January 1879

Undertaker, A. Knell

Place of Business. Columbia Av 206

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Lafayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Miller

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 12 Miller Alley

Cause of Death First, (Primary,) Laryngeal Membranous

Second, (Immediate,) Croupous Diphtheria

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Friday 24th

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

W. H. Logsdon M. D.
Medical Attendant.

Address, 1216 Eagle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janry. 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotha Dickson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Six *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} Millerian + Durham St

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Saint Comelery

Date of Burial, Jan 23rd 1879

Undertaker, Abraham Maynard

Place of Business, 13 Saratoga St

D. C. Ireland M. D.
Medical Attendant.

Address Broad E. Fish

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JAN 23 1879

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Charlotta Bernhardine Bernhardt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 315 N. Ann

Cause of Death, First, (Primary,) Apoplexy — Hemiplegia

Second, (Immediate,) .....

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 24

Abram D. Arnold M. D.
Medical Attendant.

Undertaker, George C. Fowler

Place of Business, Nr 399 E Cager *Address,* 7 S. 14th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Boo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Dunlap

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} 96 N. Central Ave

Cause of Death {First, (Primary,) Senile Catarh

{Second, (Immediate,) .....

Duration of last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 24th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

D W Cattell M. D.
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

Date of Death, Jany 22. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr. William M- Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Book-keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Co

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 235 Argyle Ave

Cause of Death, First (Primary,) Epileptic Convulsions

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 24 1879

Undertaker, Jno S Mackin

Place of Business, Camden Place

J. L. Ingle M. D.
Medical Attendant.

Address 217 Lawrence St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

Date of Death, Jan 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Gakenheimer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Years, 0 Months, 5 Days. 3d

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 395 W. Pratt St

Cause of Death First, (Primary,) Entero-Colitis

Second, (Immediate,) Bronchitis

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, January 24th 1878

E. A. Chancellor M. D.
Medical Attendant.

Undertaker, G. Leimbach

Place of Business, 389 W. Pratt St *Address,* Balto. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levy Thorne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dutonsbau England

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 146 N. Front

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 25th 1879

Undertaker, John N. Weaver

Place of Business, # 22 N. Gayette St. *Address*

F. J. Miles M. D.

24 Cathedral St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac B. Kurtz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Telegraphist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 225 E. Balto. St.

Cause of Death {First, (Primary,) Pneumonia Acute
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, January 1879

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S. Broadway

L. M. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd of January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Geier

Sex, Male or Female, {Cross out the word not required in this line.} mal

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married Mann

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28th years

Place of Death, {Give street and number.} 202 South Bethel Street

Cause of Death, First (Primary,) old Age

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Jan 24/1879

Undertaker, Henry Sander

Place of Business, 252 Caroline Ave

Address 211 Bond St.

H. Charles Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23. 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza E Brocco

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 yrs *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 1 Months

Place of Death, {Give street and number.} 74 Saratoga & Bolton Broadway

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Yard

Date of Burial, January 23rd 1879

A Atkinson *M. D.*
Medical Attendant.

Undertaker, Stewart V. Noonan

Place of Business, 35 Park ave *Address* 59 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah White

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 6 Peach alley

Cause of Death {First, (Primary,) / Second, (Immediate,)} Convulsions

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Jany 23. 1879

Undertaker, F. A. Reckner

Place of Business, Carrollton Avenue

Thomas R Clemens M. D.
Medical Attendant.

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 January 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Lehnis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 13 *Years,* ... *Months,* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 178 Albemarle

Cause of Death, {First (Primary,) Second (Immediate,)} Carcinoma ventriculi ab. 3 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, January 24th 1879.

Undertaker, Leonhard Kurz.

Place of Business, S. Bond St. No. 277

C Hoffmeier M. D.
Medical Attendant.

Address, 57 Albemarle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Miller

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, blacksmith

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} N 117 East - Biddle Street

Cause of Death, {First (Primary,) Round ulcer of the stomach

Second (Immediate,) General debility

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 26 1879

{*Undertaker,* D. D. Rosenig

Place of Business, 97 Orleans.

Henry Walzer M.D.
Medical Attendant.

Address, 165 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

Date of Death, January 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Egin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 151 N. Eden St

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 63 Short Street

Cause of Death, First (Primary,) Pseudo Membranous Croup

Second (Immediate,) Dyspnoea

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, Myers cemetery

Date of Burial, Friday Jan 24th 1879

Undertaker, Wendelin Lippel

Place of Business, 151 & 153 S. Bond St

James S. Reed M. D.
Medical Attendant.

Address 158 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther A. Addison

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Enon & Matt Sts

Cause of Death {First, (Primary,) / Second, (Immediate,)} Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23" 1879

Undertaker, S. H. Chase

Place of Business, S. Howard St

James A Steuart M. D.

Address, Comm[illegible] of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2991 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

Date of Death, 22 d Jany 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Jno Trimmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* *Days.*

Color, Brun *Sex,* V

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 334 Vine St

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 23 1879

Undertaker, S Howard & Co

Place of Business, S Howard & Co

Geo Hopkins *M. D.*
Medical Attendant.

Address Mauly Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

Date of Death, Jan. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamesanna Nimmons

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 28 *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 196 Henrietta St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Acute Phthysis

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22 1879

Undertaker, J. W. C. Inman

Place of Business, 8 Howard Ave

C. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 375 Wash St

Cause of Death, First, (Primary.)

Second, (Immediate,) Pulmonal Convulsions

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Empire Cemetery

Date of Burial, January 22 79

Undertaker, S. W. Chase

Place of Business,

Thirland Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

Date of Death, 21 st January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Ringrose

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~23~~ 3 *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 yrs 10 mos

Place of Death, {Give street and number.} 1014 Orchard St

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 28 79

Undertaker, C W Chase

Place of Business, 8 Howard St

G. G. Brewer — *M. D.*
Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd January 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Lynch.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Five — *Years,* ——— *Months,* ——— *Days.*

Color, White ——, *Sex,* female. ———

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Byrne Street.

Cause of Death, First (Primary,) Diphtheria.
Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 23 1879

Undertaker, James D Byrne

Place of Business, No 63 n Front St

Geo. J. Collins M. D.
Medical Attendant.

Address Richmond St & East Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday January 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Rebecca Pelikin

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 Years, 5 M 6 Months, Days.

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore — Md

Duration of Residence in the City of Baltimore, Most of life —

Place of Death, {Give street and number.} Albion Hotel — Baltimore City

Cause of Death, First (Primary,) Diabetes Mellitus

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 24th 1879

Undertaker, John W. Weaver

Place of Business, # 22 W. Fayette St.

Robt Purdy M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd " Jan 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Shultz.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester, Carroll Co. Md.

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} No. 23 Clinton Ave.

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Spasms.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Manchester Carroll Co

Date of Burial, Jany 24./879

Charles A Leager. *M. D.*
Medical Attendant.

Undertaker, Wm E. Chenowith

Place of Business, Mosher & Pennington *Address* No. 264 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit in 24

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22/79.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Parker.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62. *Years,* *Months,* *Days.*

Color, Colored.

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Emy Green. Balto Co. Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} 8 N. Gay St.

Cause of Death {First, (Primary,) Hypertrophy of the Heart.
Second, (Immediate,) General Anasarca.

Duration of last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22 79

Edward Pinkard M. D.
Medical Attendant.

Undertaker, W. H. Chase

Place of Business, 8 Howard St *Address,* 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Cook

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Massachusetts.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 33 S. Eden St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Boston Mass

Date of Burial, Jany 24/78

Undertaker. Thos. J. Hughes

Place of Business, 60 E Baltimore St

S. W. Hanck, M.D.
Medical Attendant.

Address, 73 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1295 Fawn St

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 29926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALL OF RECORDS DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca G Garvey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 49 East Eyland st

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, About 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 24 1879

Undertaker, Thos J Hughes

Place of Business, 60 E Balto St

Medical Attendant. M. D.

Address, 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ahern

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~ Widow, {Cross out the word not required in this line.}

Occupation, none.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Oldenburg Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 261 E. Monument St.

Cause of Death { First, (Primary.) Cistena
Second, (Immediate,) Consumption

Duration of last Sickness, 8 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 25th

A. Glover M. D.
Medical Attendant.

Undertaker, Henry Schultis

Place of Business, 261 Monument St *Address,* 197 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, Col'd *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 71 Dover St

Cause of Death, First (Primary,) Inflammation of bowels

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cathedral

Date of Burial, January 24

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Jos. E. Clayton M. D.
Medical Attendant.

Address 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Jan 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Christopher Henke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 47 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bonava Germany

Duration of Residence in the City of Baltimore. 8 years

Place of Death, {Give street and number.} No 20 Dover St

Cause of Death, {First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Jany 26th

Undertaker, Wm P Faulus

Place of Business, 66 Frederick Ave

Wm K. Warner. M. D.
Medical Attendant.

Address Townsend & Shuster

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Shaw

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 94 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give street and number} 144 Hanover St.

Cause of Death {First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, 25th Jan 1879

Undertaker, Armstrong & Denny

Place of Business, Fayette & Howard

Geo. W. Dixon M. D.
Medical Attendant.

Address, 144 Hanover St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Trumbo

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 0 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 91 Warren St

Cause of Death, First, (Primary.)

Second, (Immediate,) Tuberculer Meningitis

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Jany 24th 1879

Undertaker, John Mancher

Place of Business, 112 150 Camden St

Fredrick Cook M. D.
Medical Attendant.

Address, 146 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Rosenthal.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White. *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty three years.

Place of Death, {Give street and number.} N. Eutaw St 350

Cause of Death, First (Primary,) High age

Second (Immediate,) Congestion of lungs.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery Morris Stricker M. D.

Medical Attendant.

Date of Burial, January 24

Undertaker, J B Cook

Place of Business, 40 West Baltimore *Address* 249, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29933

The Physician who attended any person in a last-illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1879.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Michael Cannon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty two *Years,* Eight *Months,* twenty two *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Black Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number} # 24 Vincent St.

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Several years

All the above information should be furnished by the Physician,

Place of Burial, St Peters Cemetery

Date of Burial, January 26

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address,* 584 W. Fayette St

J. G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29934

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Frank Chamberlain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Bartender

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 110 N Calvert St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Bright's Disease probably

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 24th 1879

Undertaker, Jas P Byrne

Place of Business, 69 Gunt St

Edmund R Wilson M. D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 29935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Stein

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 20 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 322 Hoffman

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,)

Duration of last Sickness, 10

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 of Jan

Undertaker, P. Rinnard

Place of Business, 317 Mulberry *Address,*

J. J. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29936

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stivetts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 250 Cross

Cause of Death, {First (Primary,) Puerperal Fever

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore city

Date of Burial, January 26 1879

Undertaker, Charles H. Herold

Place of Business, 164 Hanover St

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 24 1879

CERTIFICATE OF DEATH.

Date of Death, 22nd Jan 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Weitel

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 6 Years, 11 Months, 16 Days.

Color, White

~~Married~~ ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, {Give street and number} 34 Pleasant

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, January 25th 1879

J. McCollum M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light st.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1879

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs M Bonne

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 41 *Years,* 10 *Months,* - *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, About 14 years

Place of Death, { Give street and number } 16 Mulberry St

Cause of Death, { First, (Primary,) Apoplexy

Second, (Immediate,) 1 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, January 25th 1879

Felix Lemmis M. D.
Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light st.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Backhaus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, house keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hassen (Germanie)

Duration of Residence in the City of Baltimore, over 30 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, {First (Primary,) Consomption / Second (Immediate,)}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus' Cemetery

Date of Burial, January 25th 1879

Undertaker, [redacted]

Place of Business, 244 E. Lombard St. *Address* .....

P. D. Wame M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

Date of Death, Jan. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maggie Jane Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 Years, 2 Months, 15 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 26 N. Spring St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center Francis H. Jones M. D.

Date of Burial, Jan 26th 1879 Medical Attendant.

Undertaker, H. Hafemann *Address* 103 N. Central Ave.

Place of Business, 63 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JAN 24
1879
BALTIMORE

Permit No. 29941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B Randall

Sex, Male or Female, { cross out the word not required in this line. }

Age, 62 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Saddler

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 62 Pine st

Cause of Death, { First, (Primary.) ____ Second, (Immediate,) Supposed to be Paralysis Sudden death, found dead in bed

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 25th 1879

Geo C Ellis M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Gay st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Deimel

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 315 E. Chase st

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 25th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

P. J. Daurer, M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose McGovern

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Green Mount Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Complication Diseases

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 24 1879

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, James S Byrne

Place of Business, No 63 N Front St *Address* 163 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. JAN 24 1879

CERTIFICATE OF DEATH.

Date of Death, Jany 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen A Davis

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 5 *Years,* *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 24 E Monument

Cause of Death, {First (Primary,) / Second (Immediate,)} Tubercular Meningitis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 24 1879

Undertaker, James P Byrne

Place of Business, No 62 So Front St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H Fogle

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number} 43 N Broadway

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) .....

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 25th 1879

Undertaker, John H Weaver

Place of Business, 22 N Fayette St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1899 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Bantz

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* 21 *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ridgely Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 19 Down Dr

Cause of Death, First (Primary,) Congestion Brain

Second (Immediate,) ...

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, January 28th

Undertaker, McCoull

Place of Business, 20 E. Eutaw

J. T. Wilkerson M. D.
Medical Attendant.

Address 164 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29947

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andy Woodall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 148 Hanover

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 25th 1879

Undertaker, John Mackey

Place of Business, No 150 Canton

H. W. Webster M. D.
Medical Attendant.

Address 57 Burnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conrad

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Weaver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Concussion Brain
, Second, (Immediate,)

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jany 25th 1879

Undertaker, John Thacker

Place of Business, N. Ka Lauder St

J. L. Powell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Sabb

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Annes Co. Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 535 W. Lombard st.

Cause of Death { First, (Primary,) Cancer of Leg
Second, (Immediate,)

Duration of last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Jan 25

Undertaker, Blackiston & Son

Place of Business, 606 W. Balto. st

John Neff M. D.
Medical Attendant.

Address, 558 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jam Brien

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and number} 180 E. Durham

Cause of Death First, (Primary,) Consumptim

Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26th 1879

Undertaker, Theodore J. Lewis

Place of Business, 73 Jefferson st

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 112 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible] Galbreath

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Harford Co. Md

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, Hayden W St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Simpson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 Marsh Market

Cause of Death, First (Primary,) Lithiasis

Second (Immediate,) Uraemia

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem Geo W Reynolds *M. D.*

Date of Burial, Jan 28th 1879 Medical Attendant.

Undertaker, Jas P. Byrnes

Place of Business, Front St *Address* 432 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Egan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No — Bruce St.

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)}

Duration of Last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 25th 1879

Undertaker, Jas P. Bayne

Place of Business, Foot St.

Edw F. Mechlean M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29954.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Miller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Sixteen *Years,* Eleven *Months,* twelve *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} # 60 Fredc ave.

Cause of Death { First, (Primary,) "Phthisis Pulmonalis"
Second, (Immediate,)

Duration of last Sickness, I believe she was sick about one year I saw her last one-two days about to die

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, January 27/79.

Undertaker, John P. Paulus

Place of Business, 66 Fredc Ave.

J. J. G. Smithcam M. D.
Medical Attendant.

Address, # 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29955.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 the 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich F. Brockman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* 1 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Two

Place of Death, {Give street and number} 335 Aliceanna St

Cause of Death, First, (Primary.) Cancer of the Pyloric Glans

Second, (Immediate,) Hamorage

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. St Paul Cemty

Date of Burial, Jan 26th

John J. Litzer M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Address, 81 Ford Euler

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Wunder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady left her own home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Edenton N. C.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 131 Park

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Coma

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 27 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St *Address* 120 Pindar Ave

J. R. Page *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 45 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give street and number.} 186 Park Ave

Cause of Death, First (Primary,) Rheumatic Fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bonn Brea

Date of Burial, Jan 26th 1879

Undertaker, John J Andrews

Place of Business, 104 x 6 Druid Hill Avenue

A. E. Lindsay M. D.
Medical Attendant.

Address 159 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Marshal Cobb.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 0. *Years,* ~ *Months,* 2 6 *Days.*

Color, col.

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 70 Pierce

Cause of Death {First, (Primary,) Tubercles Meningites

{Second, (Immediate,)

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.t

Date of Burial, Jan 26 1879

Undertaker, John L Andrews

Place of Business, 104 & 6 Druid Hill Avenue

Louis C. Korn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. Donald Wilkinson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 67 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} On the Steam tug Robt Leslie, Waters Wharf

Cause of Death, First (Primary,) ——

Second (Immediate,) Angina Pectoris

Duration of Last Sickness, 30 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 26th /79

Undertaker, M. A. Daiger

Place of Business, 74 & Broadway

Thomas B. Evans, M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Brennis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, [redacted] *Years,* (nine) 9 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 210 E. Eager St

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 26th 1879

Undertaker, Henry Hoeck

Place of Business, Central Ave

Signed: [illegible] M. D.

~~Medical Attendant~~

Address, Comm of Health

~~Registrar~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* ——— *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westminster Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 72 Orchard St.

Cause of Death First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 26 1879

Undertaker, Saml W. Chase

Place of Business, Howard St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant. S. Insp

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

Permit No. 29962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie H Neue

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 Forest Place

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) asphyxia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem Lewis Reynolds M. D.

Date of Burial, Jan 25 1879 Medical Attendant.

Undertaker, Jas Pilling & Son Gamble H. Chas.

Place of Business, *Address* 43

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Rebecca Swiford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 5 *Months,* 24 *Days.*

~~Color~~ White ~~Sex,~~ Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Household duties

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 209 N. Eilmor St

Cause of Death, First (Primary,) Carcinoma of ~~Mammary~~ Glands

Second (Immediate,) Asthenia —

Duration of Last Sickness, About Six months —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 27/79

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker, Fry Bro

Place of Business, 574 to Broadway

Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE

Permit No. 29964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 24 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin West

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 109 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} American House, on Calvert & Franklin

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 28th

Undertaker, P Gorry

Place of Business, Calvert

John Morris *M.D.*

Medical Attendant.

Address, 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1879

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmir Sette Phillips

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.} Male

Age, 3 *Years,* *Months,* 2 *Days*

Color, W.

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 499 E. Monument St

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26th 1879

Undertaker, Wm. Wearer

Place of Business, No 202 N. Eutaw St

H. T. Reynolds M.D.

Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29960

JAN 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Hodges

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* 7 *Days.*

Color, Black

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Dorchester st

Cause of Death, {First (Primary,) Phthisis Pul-
Second (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 25. 79

Undertaker, S. W. Chase

Place of Business, 8 Howard st

R. Moffett M. D.
Medical Attendant.

Address 64 St Paul st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore;

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2996 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Carroll

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, One *Years,* four *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 66 Ring st

Cause of Death, {First (Primary.) Marasmus / Second (Immediate.)}

Duration of Last Sickness, 12 months

All the above loformation should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 26th 1879

Undertaker, Wm J. Nichols

Place of Business, 65 S. Eutaw st

J. C. Burch M. D.
Medical Attendant.

Address 151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 1968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Jany. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Isaac Morris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glazier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Unknown — over 50 years.

Place of Death, {Give street and number.} Hebrew Hospital, Monument st.

Cause of Death, First (Primary,) Old age - also Icterus, probably due to malignant disease of liver.

Second (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem'y

Date of Burial, January 26th 79

Undertaker, Wm Edlow

Place of Business, 101 Yough

D. F. Lennon M. D.
Medical Attendant.
attending Physician
26 S. Broadway

Address 74

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, about 2 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ... V

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the ~~City of Baltimore~~, Institution 7 Months

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus when received

Second, (Immediate,) Spasm

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 27. 1879

Undertaker, Saml Brown

Place of Business, 156 Division St

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the ~~City of Baltimore~~, In Institution 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 27. 1879

Undertaker, Saml Bowen

Place of Business, 58 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 29971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Thomas

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.}

Age, \ *Years,* 4 *Months,* — *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} N. E. cor. Lombard & Chopstank Sts

Cause of Death, {First (Primary,) Double Pneumonia / Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cemetery

Date of Burial, Jan 26th 1879

Undertaker, Thos. Lord

Place of Business, 73 Jefferson St

J. D. Fiske M. D.
Medical Attendant.

Address No. 375 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Schumacher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None - I did'nt from Birth

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Entire life-time

Place of Death, {Give street and number} 43 Harrison st

Cause of Death First, (Primary,) Asthenia

Second, (Immediate,)

Duration of last Sickness, Weekly and I don't Entire life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Monday Jan 27th

Undertaker, Henry Snyder

Place of Business, 153 Eastern Ave

D M Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca Joyce

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 33 *Years,* 7 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

~~*Occupation,*~~ ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 96 Lee St S.E. Cor Sharp

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Chronic Diarrhea

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 26th 1879

Undertaker, John S Mackey

Place of Business, No 150 Cumberland

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 29974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariann Oden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, colrd

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Gilmor St 1st door north of Haarlem Ave & East side resolved

Cause of Death, First (Primary.) Pneumonia (both lungs) Pneumonia

Second (Immediate,) & General constitutional failure

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cty

Date of Burial, Jany 27th 1879

Undertaker, John Meade

Place of Business, No 150 Camden

Edmund R Walker M.D.
Medical Attendant.

Address 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wesley Slater

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 154 Park St.

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 28

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Chas. A. Dunbar M. D.
Medical Attendant.

Address, 154 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret J Brooks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 116 Beach Alley

Cause of Death, First (Primary,) Convulsions (Puerperal)

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 26 1879

Undertaker, William N Dorsey

Place of Business, 62 East Pratt

James Cooley M. D.
Medical Attendant.

Address 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amanda Frey

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Aport Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 172 E Balto St

Cause of Death, First (Primary,) Epithelial Cancer of Abdomen

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 27 January

Undertaker, John Lake

Place of Business, 161 E Balto St *Address* 1 High St

P. H. Steffenderfer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burns

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Dover St.

Cause of Death { First, (Primary,) Insanity
Second, (Immediate,) Convulsions

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan. 27th 1879

Undertaker, J. W. Leonard & Son

Place of Business, 182 W. Balto St.

James A Steuart M. D.
~~Medical Attendant.~~
(Registrar)

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jos Vansant

No. 2777

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary K Shriner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 111 Sharp St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 27th 1879

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Fremont Ave

Theodore Cook M. D.
Medical Attendant.

Address, 106 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Lynch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 21 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 62 S. Bond St.

Cause of Death, First, (Primary.) Hemorrhage

Second, (Immediate.) Phthisis Pulmonalis

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 28 1879

E. G. Lusk M. D.
Medical Attendant.

Undertaker, W C Watchman

Place of Business, 172 S. Bond St *Address,* Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th day of January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Bergman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, nine Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 South Green

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Capillary Congestion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery Dr. P. Hoffman M. D.

Date of Burial, Jan 28th 79 Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Harris

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 80 N. Dallas St.

Cause of Death, First, (Primary.) Measles

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, Jany 27th 1879

John S. Sprecher M. D.
Medical Attendant.

Undertaker, Thos J Locke

Place of Business, 73 Jefferson st *Address,* 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th January 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. Pendleton

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 8 Yrs *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and number. } Aged Women's Home

Cause of Death, { First (Primary,) Typhoid Fever / Second (Immediate,) Brain Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Sick & Expir

Date of Burial, 28th Jan. 1879 *M. D.*

Medical Attendant.

{ *Undertaker,* H.W. Jenkins & Son *Address* Waverly Corner
{ *Place of Business,* 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 29984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Bailey Hunt

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 340 N. Paca St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, January 26

Undertaker, E B Cook

Place of Business, 707 W. Pratt St.

Sheridan Cor't (6) M. D.
Medical Attendant.

Address, 106 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Clarke

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 5y

Place of Death, {Give street and number} 132 S. Durham St

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,) 9 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, Jan 27th 1879

Undertaker, P. Mullin

Place of Business, Cambridge

James H Steuart M. D.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Finnicks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —"— —"— —"—

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} #10 Federal Street

Cause of Death First, (Primary,) membranous Croup.

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 28th 1879

Undertaker, W. H. Hickman

Place of Business, —

Thomas Shearer M. D.
by J. D Townsend M.D. Medical Attendant.

Address, 97 W. Charles Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2990[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Bertrand

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 ***Years,*** 2 ***Months,*** ***Days.***

Color, White

~~Married, Single, Widow~~ ***Widower,*** {Cross out the word not required in this line.} Widower

Occupation, Bookkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Living City

Place of Death, {Give street and number} 1296 N. Edw St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Many years Confined to bed from Monday

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 28th/79

Geo. A. Wastenau M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland-Lyman ***Address,*** #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wilcox

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Sixty four *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Every life

Place of Death, {Give street and number.} No 81 Augusta & Jefferson

Cause of Death, First (Primary,) Anemia

Second (Immediate,) Asthenia

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 29th 79

Undertaker, Geo. Schilling

Place of Business, Alland Eyrau

James H. Wilcox M.D.
Medical Attendant.

Address, 81 Augusta & Jefferson

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Mumma

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 77 *Years,* 9 *Months,* 13 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore county, Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 403 E Eutaw

Cause of Death, {First (Primary,)} {Second (Immediate,)} Old Age & Exhaustion

Duration of Last Sickness, nearly 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 28th 79

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

J. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Castolon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Galway (Ireland)

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) Debility
Second, (Immediate,) .....

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 28th 1879

Undertaker, H. Schultheis

Place of Business, Fremont St. *Address,* .....

P. H. Ware M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Lough

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem

Date of Burial, Jan. 28. 1879

Undertaker, M. A. Daiger

Place of Business, 94 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janu. 26. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Radford.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 8 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} 10 Point Lane.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Balto Co

Date of Burial, 28 Jan

Undertaker, Geo Shielding

Place of Business, Monument ave

L. C. Gordon M. D.
Medical Attendant.

Address 311 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Banne (Col.)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} not able to state more definitely

Age, Eighty odd *Years,* *Months,* *Days.*

Color, Black *Sex,* ~~Male~~ Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 181 Pattersons Lane

Cause of Death, First (Primary,) Old age & general debility

Second (Immediate,) General dropsy

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Jan 27 1879

Undertaker, William N Benzer

Place of Business, No 62 East Street

Silas Bacon M. D.
Medical Attendant.

Address 52 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner if requested~~ so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Trust

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 60 years

Place of Death, {Give street and number.} 6 Hall

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,) Paralysis

Duration of Last Sickness, Two weeks ll

All the above information should be furnished by the Physician

Place of Burial, Green Mt

Date of Burial, Jan 28 79

Undertaker, H Mohring & Son

Place of Business, 263 Light St

H W Hebb M. D.
Medical Attendant.

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kennelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Boundary ave head of Washington n

Cause of Death, {First (Primary,) Debility
Second (Immediate,) Cerebral effusion

Duration of Last Sickness, " "

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem"y

Date of Burial, Jan 29th 1879

{*Undertaker,* Jos F Byrne
Place of Business, 59 n Liberty

J. H. Brune M.D.
Medical Attendant.

Address 256 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophie Tonsin

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 years - *Years,* *Months,* *Days.*

Color, — colored — *Sex,* Female —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } No 6 Brewers Alley

Cause of Death, { First (Primary,) Exposure to damp, Scrofula and foul air - Second (Immediate,) inflamation lungs and inanition.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery E. H. Holbrook — M. D.

Date of Burial, Jan 26 79 Medical Attendant.

Undertaker, Fredk A Kirchner

Place of Business, 503 Carrollton Ave *Address* Home. Face Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2997

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Stanton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} unknown

Age, 23 unknown *Years,* [redacted] *Months,* *Days.*

Color, Colored *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 256 Raborg St

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jan 26th 1879

Undertaker, Wm H. Duncan

Place of Business, No 10 Stockton st

Irving Miller M. D.
Medical Attendant.

Address 225 Asquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2999[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dodson (Mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 S. Register St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Jan 27 1879

James H Clemens M. D.
~~Medical Attendant~~

Undertaker, H. M. Dunger

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wineman M. D. [over.]

No. 29999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 29 1879

Permit No. 29999.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanie Lockhart

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 140 Eden St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Jan 29th 1879

Thos Fenton M. D.
Medical Attendant.

Undertaker, H. Deewald

Place of Business, 35 S. Eutaw *Address,* 146 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30000

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carroll Leigh Sydnor Threatt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} C L S Threatt

Age, 1 *Years,* *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 438 Lanvale St

Cause of Death, First (Primary,) Congestion Lungs —

Second (Immediate,) Bronchitis

Duration of Last Sickness, About three days —

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Jany 27th 1879

Undertaker, John L Thacker

Place of Business, No 150 Camden

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1296

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 27 BALTIMORE MD

Permit No. 30001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Coone

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 46 Preston St.

Cause of Death, First, (Primary,) Asthma Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 28th 1879

Undertaker, Gelston & Sexsmith

Address of Business, 210 E Eutaw St

Wm J. Lockwood M. D.
Medical Attendant.

Address, Balto. Genl Dis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 27 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert R. Koll

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 269 Wolf St

Cause of Death, First, (Primary,) Hyperthrophy of the Heart

Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, Jan 28th 1879

Undertaker, Geo Hofman

Place of Business, 261 S. Wolf St

Thomas J. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H. Longfellow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 4 Argyle ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, a long time

All the above information should be furnished by the Physician.

Place of Burial, Bolle cemetery

Date of Burial, January 29 1879

Undertaker, Murphy & Co

Place of Business, 65 S Broadway

Saml. Anderson *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph R. Lester

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Collector

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life, except 2 or 3 yrs.

Place of Death, {Give street and number.} 50 Bolton St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 29th 1879

Undertaker, Wm Wheeler

Place of Business, No. 22 South Paca St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Howard Wooten

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Home of the Friendless. Druid Hill ave & Townsend St

Cause of Death, First (Primary,) Unknown

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 28th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

J. E. Atkinson M. D.

Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 30006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Date of Death, Jany 27/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kati Fechen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eden & Anthony

Cause of Death, {First (Primary,) Puerperal peritonitis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, L. C. Bonnell

Date of Burial, January 29 1879

Undertaker, L. Creal Cook

Place of Business, 209 N. Eutaw St.

F. A. Warner M. D.
Medical Attendant.

Address 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Permit No. 30007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Partridge

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower; {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Born in Baltimore Co Md - came to this County, in early childhood

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} Gwynns Falls, Dolefield

Cause of Death, First (Primary,) Retention of urine from Paralysis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29th 1879

Undertaker, Wm. Lowe Gray

Place of Business, 65 Smallwood St

W W Anderson *M. D.*
Medical Attendant.

Address, 102 Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 28
1879
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles August Paul Krieger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 161 S. Broadway

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Congestion of brain

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 28th

Undertaker, [illegible]

Place of Business, [illegible]

F. A. McManus M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE JAN 28 1879 MD

Permit No. 30009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry McBell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 73 N Paca st

Cause of Death, First, (Primary.) Fracture of base of Skull with Concussion

Second, (Immediate,) of Brain

Duration of last Sickness, about 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Jan 28th 1879

A Dorsey M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 232 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emanuel Rezek

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* three *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 123 N Washington st

Cause of Death, { First, (Primary,) — / Second, (Immediate,) Pneumonia

Duration of last Sickness, Dont Know, have not seen the child but once

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Jan'y 29. 8 Uhr

Undertaker, Henry Schultheis

Place of Business, No 261 E Monument st

L O Winternitz M. D.
Medical Attendant.

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Mack

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant Girl

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Johns C. Co.

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number} 298 E. Pratt St

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 28th 1879

E. B. Britton M. D.
Medical Attendant.

Undertaker, P. Mullen

Place of Business, Cambridge *Address,* Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1879

CERTIFICATE OF DEATH.

Date of Death, 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hattie Morgan

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 3 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 194 Eastern Ave.

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Jan 29th 1879

Undertaker, Hughes & Co.

Place of Business, Light St

E. [illegible] *M.D.*

Medical Attendant.

Address, 106 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

30013

AND

30014

missing

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Judge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} Widower

Occupation, Mum

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingston Jamaica

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 175 George St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, 29 Jan'y 1879

{ *Undertaker,* A.W. Jenkins & Son
{ *Place of Business,* 16 Light St.

J. E. Gilbourne M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Judge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingston Jamaica

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 175 George St

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, 29 Jan'y 1879

Undertaker, A.W. Jenkins Son

Place of Business, 16 Light St.

J. Gilbert M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30016

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 79.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Stemler

Sex, Male or Female, { cross out the word not required in this line. } Fema

Age, 5 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 211 Conway st

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) & Exhaustion

Duration of last Sickness, 5 Week

All the above information should be furnished by the Physician.

Place of Burial, Bal Co Cemetery

Date of Burial, Jan 29. 1879.

C. L. Budelmeyer M. D.
Medical Attendant.

Undertaker, J. D. Rossiter

Place of Business, 97 Orleans St

Address, 16 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 30017

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Date of Death, Jan. 27/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate. Eagan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 2 Clarkson Pl

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) 8 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Repas Balto Co

Date of Burial,

Undertaker, H. C. Middleton

Place of Business, 91 Eastern

Edward P. Davis M. D.
Medical Attendant.

Address, 127 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1297

[OVER.]

No. 30018

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Permit No. 30018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number} No 5 Norris Alley

Cause of Death, {First, (Primary,) Bright disease of

{Second, (Immediate,) Kidneys

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Sharp St Cemetery

Date of Burial, January 28, 79

I, J Sutton Hall, M. D.
Medical Attendant.

Undertaker, S W Ethard

Place of Business, Howard St *Address,* 428 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30019

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Howard

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 89 *Years,* 8 *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 80 yrs

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and number} 276 Aisquith St

Cause of Death {First, (Primary,) / Second, (Immediate,)} old age

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 28 1879

Undertaker, Fry & Bro

Place of Business, Broadway

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H Coulter

No. 80020

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Volker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 34 Barnes

Cause of Death { First, (Primary.) Convulsions
Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker, Henry Hoeck

Place of Business, W. Central Ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PAINTERS AND STATIONERS.

Exam by John R. Coulter

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1879

CERTIFICATE OF DEATH.

Date of Death, Jany. 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A. Craig

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 3 & 4 Chicamico

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Coma

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Jan 28th

Undertaker, H Fischlich

Place of Business, 246 Eastern Av

G. V. Wilson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 28 1879 BALTIMORE

Date of Death, January 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catherine Treece

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 29 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housework

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } No. 135 East Lombard

Cause of Death, { First (Primary.) } Pneumonia

{ Second (Immediate.) }

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, Jan 29th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

A. L. Coale M. D.
Medical Attendant.

Address, 235 East 2d

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Burr

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~? {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} Forest Place

Cause of Death, First (Primary,) Mucous Hydrothorax from Old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 29 1879

Undertaker, Jas P Byrne

Place of Business, 63 Front St

Chas O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1879

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Callender L.

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 75 *Years,* *Months,* 10 *Days*

Color, W.

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and number.} 108 Aisquith St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial Jan 29 1879

Undertaker, Thos B Byrne

Place of Business, Front St

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons supintending the burial, a Certificate setting forth, within forty-eight hours after the death to the as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 25 1879 HALTIMORE MD

Permit No. 30025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Neal

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 123 Lemmon Balt Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 123 Chestnut all

Cause of Death {First, (Primary,) Tubercular Meningitis.
Second, (Immediate,) .....

Duration of last Sickness, 10 Month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 28 1879

Undertaker, Peter Kummel

Place of Business, 317 Lexington

Louis Ch Hahn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 90026

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Date of Death, January 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca L. Chaffee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,)

Second (Immediate,) 315

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jany 28th 1879

Undertaker, Chas J Jacks

Place of Business, 73 Jefferson st *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 300

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma F. Mark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 431 W. Pratt. st

Cause of Death, First, (Primary,) Pneumonia (Lobe)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Wednesday, Jan. 29

Undertaker, Wm. Schmidt

Place of Business, 262 Eager st.

C. L. Buddington M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

Date of Death, Jan'y 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Hale

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 80 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 184 Hanover St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 28th 1879

Undertaker, Armistead & Sons

Place of Business, 262 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. A. Wolff

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 Union St

Cause of Death First, (Primary,) Dysentery

Second, (Immediate,) Coma

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 30 1879

Undertaker, Andrew Lentz

Place of Business, 118 Druid Hill Ave. *Address,* 56 N. Eutaw St.

Martin Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Spencer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 21 Mason alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthysis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1879

Undertaker, John A. Gordon

Place of Business, 1168. Fort Ave

William Lee M. D.
Medical Attendant.

Address Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10031

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Jan. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Gardner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, No Occupation

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number} 109 Gough

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Angina Pectoris

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 30th 1879

Undertaker, Henry Lander

Place of Business, 2 Eutaw Pl.

A. F. Erich M. D.
per Chas. Erich
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 34032

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schmidt

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 3 Madeira alley

Cause of Death, First, (Primary,) Pneumonia - 8 days

Second, (Immediate,) & Purulent Infiltration -

Duration of last Sickness, 8 weeks —

All the above information should be furnished by the Physician.

Place of Burial, I. H. Cemetery

Date of Burial, January 30th

Gaddess M. D.
Medical Attendant.

Undertaker, Hamilton Dysart

Place of Business, 201 Bond 151 *Address,* 86 S. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertnker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Zeluska

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 61 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, {Give street and number.} 44 Bond St

Cause of Death, First (Primary,) Septicaemia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem & Jno Walter M. D.

Medical Attendant.

Date of Burial, January 30 1879

Undertaker, Henry Smith

Place of Business, 27 Broadway Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 0 0 3 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Finkel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porcelain Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty seven yrs.

Place of Death, {Give street and number} 329 E. Ave.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) & Laryngeal

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 30th '79

H. G. Rusk M. D.
Medical Attendant.

Undertaker, Mc. Francis

Place of Business, 280 Conway St

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Re

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Graber

Sex, ~~Male or Female.~~ {Cross out the words not required in this line.} Male

Age, 1 y *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hesse Darmstadt (2 yrs in Am-

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Syncope

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemet

Date of Burial, 30 of January

Undertaker, Adam Fink

Place of Business, 461 W. Jay St

Wm. J. Carter M. D.
Medical Attendant.

Address, 188 W Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Guesel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 138 Gough St.

Cause of Death {First, (Primary,) Membranous croup

{Second, (Immediate,)

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Halethorpe Cem'y

Date of Burial, Jan 29/77

Undertaker, Fry & Son

Place of Business, 54 & Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1899 BALTIMORE

Date of Death, Jany. 28. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Constance[illegible]

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 55 *Years,* ~~ *Months,* ~~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Isle of Jersey, England

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give street and number} #145 N. Exeter St.

Cause of Death, First, (Primary.) Typhoid Fever (irregular) — She has had a chronic Pelvoid for 21 years & it may have had something to do with her death. She has not been well for 3 months.

Second, (Immediate,) Exhaustion

Duration of last Sickness, in bed - One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 29th/99

Geo. H. Hartman M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25. 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris F Kench

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 6 *Years,* 9 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 55 N Frederick St

Cause of Death, First (Primary,) Membranous Croup.

Second (Immediate,) Edema of Glottis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 29th 1879

Undertaker, Chas. A. Ponder

Place of Business, No 5-19½ N. Balto

W. F. A Kench M.D.

Medical Attendant.

Address, 223 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Seward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 79 *Years,* 9 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} H. Co.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 33 Hill St

Cause of Death {First, (Primary,) Incarcerated Abdominal Hernia
Second, (Immediate,)

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 29th inst

Undertaker, Amoss & Denny

Place of Business, Light & Montgomery

Geo. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30040

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gluck

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Confectioner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number} 330 Milliam

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 30 79

Morrow Co 6 M. D.
Medical Attendant.

Undertaker, Simmons & Denny

Place of Business, No 2 Gay Light *Address,* 14 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lorraine, County Unknown, France

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 113 Lemmon St - Private House

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Pulmonary Tuberculosis & Phthisis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 30

Undertaker, J B Cook

Place of Business, No 702 W. Baltimore Street

Wm H Lanahan M. D.
Medical Attendant.

Address No 782 W Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

Date of Death, Jan 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta M [illegible]

Sex, Male or Female, { cross out the word not required in this line. } [illegible]

Age, 65 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, { Give street and number } 56 S Sharp St

Cause of Death { First, (Primary,) Congestion of Brain / Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Ag[illegible]ndal Co

Date of Burial, February 30

[illegible] *M. D.*
Medical Attendant.

Undertaker, J B Enoch

Place of Business, 707 W Balto St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30043.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Keegan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Nine (9) *Months,* Twenty-nine (29) *Days.*

~~*Color,*~~

Sex,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 72 Frederick Ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Asthenia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, January 30th 1879

Undertaker, John P. Pardus.

Place of Business, 1866 Fredrick Ave.

C. C. McDowell M. D.
Medical Attendant.

Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

Date of Death, January 28 " 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Bates

Sex, Male or Female, { cross out the word not required in this line. } "

Age, 63 *Years,* " *Months,* " *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } "

Occupation, House keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } 78 N. Eutaw St

Cause of Death, { First, (Primary,) Paralysis

Second, (Immediate,) Uremic poisoning

Duration of last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, February 29th 79

M. D.
Medical Attendant.

Undertaker, Wm. T. Duncan

Place of Business, 911 N Eutaw | *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morton A White

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Colord.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Lawn Dres

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Mary Lond

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 2 Chesnut Ph.

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lwood Cemetery

Date of Burial, Jan 30 1878

Undertaker, Wilson & Jones

Place of Business, No 62 Light St

Edward P McDevitt M. D.
Medical Attendant.

Address, 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} Chapman's Ct

Cause of Death First, (Primary,)

Second, (Immediate,) Paralysis

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cem

Date of Burial, Jan 29 1879

Undertaker, R. Mullin

Place of Business, Cambridge St *Address,* Comm of Health Register

James H Lewis M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Enoch L Patterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} 48 Somerset St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Thursday Jan 30th 1879

Wm H Diffenderffer M. D.
Medical Attendant.

Undertaker, John L Rake

Place of Business, Bal St, near Sharp Address 4 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

Date of Death, Jan. 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Barger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 87 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Retired from Business

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly his life

Place of Death, {Give street and number} 65 Franklin St.

Cause of Death, First, (Primary,) Age.

Second, (Immediate,) Congestion Brain

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 31 1879

Undertaker, H.W. Justice & Son

Place of Business, 16 Light St

Wm Riley. *M. D.*
Medical Attendant.

Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 BALTIMORE

Date of Death, January 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther M. Harris.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} Baltimore City. 243 Bolton St.

Cause of Death, First (Primary,) Marasmus from Protracted ill health.

Second (Immediate,) Chronic Diarrhea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan'y 30 79

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St

Wm. H. Stokes, M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 30050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willard Morbing

Sex, Male or Female, {cross out the word not required in this line.} M

Age, — *Years,* 5 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 222 Broadway

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 30th

Theodore Cook M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, 146 Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 30057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

Date of Death, Jan 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Murphy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 9 Years —

Place of Death, {Give street and number.} 57 Dibbony alley —

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Years —

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleas

Date of Burial, January 29 1879

Undertaker, Mathew Corcoran

Place of Business, 230 Aisbery St

Edw F. Michaud M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Heinz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 362 S. Charles St.

Cause of Death, First, (Primary,) Senile

Second, (Immediate,) Debility

Duration of last Sickness, year or more

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, January 31st 1879

BALTIMORE, MD. DEPT. OF HEALTH JAN 29 1879

_____ *M. D.*
Medical Attendant.

Undertaker, Peters & Kaehler

Place of Business, Pratt & Eutaw Sts. *Address,* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

Date of Death, Jan. 28, 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane B Step

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Scotland

Duration of Residence in the City of Baltimore, 9 mo's.

Place of Death, {Give street and number.} 33 S. Calhoun st.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 9 months & more

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, Jany 30th 1879

Undertaker, Hughes & Co

Place of Business, 550 W. Fayette st

John Hood M. D.
Medical Attendant.

Address, 241 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1298 Bond st

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bishop

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43. *Years,* 4. *Months,* 24. *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 28 yrs

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 209 E. Bond. St.

Cause of Death, First (Primary,) Disease of Heart. Insufficiency of mitral valves

Second (Immediate,) Ascites.

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 31

Undertaker, Franklin Lyell

Place of Business, Bond St 157

H. Pape M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30055

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Saratoga Court

Cause of Death, {First (Primary,) Chronic pneumonia

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29th 79

Undertaker, H. Wayman

Place of Business, 13 Saratoga St

W W Hunt M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 30056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie P. Dunn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth). } Baltimore

Duration of Residence in the City of Baltimore, 1 Yrs 11 Mos

Place of Death, { Give street and number } S. E. Cor Bryt & amity Sts

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Marasmus

Duration of last Sickness, Three (3) Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Jan 31st 1879

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

T. L Spruce M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 30457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Lutz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 52 Hempstead Street

Cause of Death, {First (Primary,) Malnutrition

{Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, Eastern Cemetery.

Date of Burial, 30th January.

{*Undertaker,* Jacob Butler.

{*Place of Business,* 224 Eastern Ave.

Charles H. Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1900

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bolton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 397 Scott St

Cause of Death, {First (Primary.) Premature Birth

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan. 29th

{Undertaker, Wm. J. Tickner

{Place of Business, 65 S. Eutaw

J. G. Wandt M. D.
Medical Attendant.

Address 203 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1890

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary V. V. Sykes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Five (5) *Years,* Eleven (11) *Months,* Eleven (11) *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1216 Walker St

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jno L. Ducas M. D.

Date of Burial, Jan 29 1890 Medical Attendant.

{ *Undertaker,* J. W. Chase & Co. *Address* 1216 Walker St.
{ *Place of Business,* 60 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Sophronia Adams

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 10 *Days.*

Color, c

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 64 Shurberry St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Apnea

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1879

{*Undertaker,* D. H. Chase / *Place of Business,* 1018 E Monument}

A. Wolf Colburn *M. D.*
Medical Attendant.

Address B 69 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Fisher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 17 Canal alley

Cause of Death { First, (Primary,) Croup
Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jany 30. 1879

{ *Undertaker,* Same W. Chase
Place of Business, Howard & Hill

James A Lemmon M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Dr Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Faug

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, { Give street and number } 256 East Chase Street

Cause of Death, First, (Primary.) Pneumonia Croupous

Second, (Immediate,) Asphyxia

Duration of last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] Address, [illegible]

W. Eliason M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial; a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 30063 OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick August Wilhelm

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 7 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 230 Druid Hill Avenue

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 30th 1879

Undertaker, John S. Weaver

Place of Business. # 22 W. Fayette St

Dr. C. Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30064

HEALTH DEPARTMENT JAN 30 1879 OF BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Langley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md. X

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} Belair Road near Washington Av.

Cause of Death, First (Primary,) Pneumonia Typhoid condition when seen. Second (Immediate,) no treatment till one day before death

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31 January

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

C. W. White M. D.
Medical Attendant.

Address 241 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Kate Head

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 14 mos

Place of Death, {Give street and number} N° 18 S Gilmor cc

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Catarrhal Fever

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 31st 1879

C H Pattison M. D.
Medical Attendant.

Undertaker, P B Cook

Place of Business, N 702 W Baltimore Street

Address, 28 Franklin cc

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

Date of Death, Wednesday January 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Bertrand

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} # 16 Wilcox St.

Cause of Death {First, (Primary,) Meningeal Trouble.
Second, (Immediate,) Convulsions

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 30th 79

Undertaker, Wm Pearce

Place of Business, 202 Eutaw St

Wilmer Coale M. D.
Medical Attendant.

Address, 25 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 30017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

Date of Death, January 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. John J. Gruen

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 62 Years, ——— Months, ——— Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Millwood. Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 392 N. Stricker St

Cause of Death First, (Primary,) Acute Pneumonia

Second, (Immediate,) Hemorrhage of the Lungs

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Jan 31st 1879

Undertaker, John J. Andrews

Place of Business, 1046 Druid Hill Av.

G. W. Jones M. D.
Medical Attendant.

Address, Cor. Stricker & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Tyler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Adams Mass

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 249 N Gilmor St

Cause of Death {First, (Primary,) Diphtheria, Second, (Immediate,) Embolism

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, South Adams Mass

Date of Burial, January 31st 1879

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Thomas Shenus M. D.
Medical Attendant.

Address, 9 N Schroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Transit 12.99

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ..... Mary L. Feeney

Sex, Male or Female, { cross out the word not required in this line. } ..... Female

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Balt. City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... } Croup

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 30, 1879

Undertaker, H. A. Darger

Place of Business, 74 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 80070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bertha Sargent

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, — *Years,* 11 *Months,* 2 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Boston City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 57 Pearl St

Cause of Death, {First (Primary,) Meningitis acute. Second (Immediate,) do.

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 30th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

W. H. Hammond M. D.
Medical Attendant.

Address 64 St Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 9007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Mann

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 9 *Months,* 28 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Boonsborough Md

Duration of Residence in the City of Baltimore, 30 y

Place of Death, {Give street and number.} 327 N. Eutaw St.

Cause of Death, {First (Primary,) Carcinoma Uteri
Second (Immediate,) Phthisis Pulmoni}

Duration of Last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Friday 31st Jany

Undertaker, H. Kennedy Son

Place of Business, 97 N. Howard St

H. F. Voigt M. D.
Medical Attendant.

Address Greene & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eliza Mills

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ~ *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 Stockholm St

Cause of Death {First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate,)}

Duration of last Sickness, 10 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 30

Undertaker, Hercules Ross

Place of Business, 96 Conway St

Jas. H. Bruen *M. D.*
Medical Attendant.

Address, 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

Permit No. 30073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie E. Day

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 41 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 888 West Baltimore st.

Cause of Death, First (Primary,) Rupture of the Uterus

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 31 1879

Undertaker, J. H. Armiger

Place of Business, 752 W. Baltimore

John Hood *M. D.* Medical Attendant.

Address, 24 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Taylor

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 22 Market Space

Cause of Death { First, (Primary,) Umbilical Hernia more than one third of the { Second, (Immediate,) Inflamation was progressing cause by malformation

Duration of last Sickness, 2.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, January 30th 1879

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Edward P Mitchell M. D.
Medical Attendant.

Address, 187 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha L McCarty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} married

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 5 years (since)

Place of Death, {Give street and number.} 110 W Fayette st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, January 31st 1879

J. Wm Walls M. D.
Medical Attendant.

Undertaker, John Mackin

Place of Business, Park & Fayette

Address 18 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 30 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Connelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 20 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} 407 W Pratt St.

Cause of Death, First, (Primary,) Pseudo membranous Laryngitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan'y 31st 1879

Undertaker, Edw'd Loucher

Place of Business, No 152 Lombard

E. B. Chancellor M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Permit No. 30077

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Manuel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Croix. Danish West Indies

Duration of Residence in the City of Baltimore, About 2 years

Place of Death, {Give street and number.} 89 Chew

Cause of Death, {First (Primary,) ... Second (Immediate,)} Heart Disease

Duration of Last Sickness, Came to Dr. Klein 1 1/2 hr. before the first time I saw him dead.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 30th 1879

Undertaker, Thos J Fickes

Place of Business, 73 Jefferson St

A. E. Klein, *M. D.*
Medical Attendant.

Address 195 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January Twenty Ninth 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Ann Sheeler

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, about 35 *Years.* *Months.* *Days.*

Color, Copper *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, About fifty Years

Place of Death, {Give street and number.} 37 East Street

Cause of Death, First (Primary,) Congestion of the Liver Acute

Second (Immediate,) Ascitis & the Heart

Duration of Last Sickness, about four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Greenly

Date of Burial, January 30 1879

A. J. Foard *M. D.*
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Howard st *Address* 177 Back st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 30079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard J. Lee

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* 4 *Months,* 16 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 4 Mo's & 16 dys

Place of Death, {Give street and number.} 207 S. Howard

Cause of Death, First (Primary,) —

Second (Immediate,) Pneumonia

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 30th 79

Undertaker, S. W. Chase

Place of Business, 8 Howard St

R. E. Lee M.D.
Medical Attendant.

Address, Howard & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Lyman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 95 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number} 4 X. Alley

Cause of Death {First, (Primary,) / Second, (Immediate,)} Senility

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, Jan 31th 1879

James A Steuart M. D.

Undertaker, Wm Jas Gray

Place of Business, Mulberry St

Address, Comm of Health & Phys is Train

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Jos Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 30081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Hacket

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 4 *Months,* ~~——~~ *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~——~~

Place of Death, {Give street and number.} 245 N. Durham st

Cause of Death, First (Primary,)

Second (Immediate,) Scrofula

Duration of Last Sickness, Whole life

All the above information should be furnished by the Physician.

Place of Burial, Laural cemetary

Date of Burial, Jan 30 1879

S. F. Coyner M. D.
Medical Attendant.

{*Undertaker,* Charles A White
Place of Business, 35 Granby st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Toomey

Sex, Male or Female, { cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } 83 S Wilkens Ave

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Consumption

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 31st 1879

Undertaker, P Kennedy

Place of Business, 317 Madison Ave

W Schnyder M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore.

Permit No. 30083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu. 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frickel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 20 Years, 2 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 421 E. Chase St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Not known, never saw the patient but once & the family say that he was never well. He was also of unsound mind

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, January 31st 1879

Undertaker, Wm H. Heilman

Place of Business, N 234 N Jay St

Geo K Hartman M. D.
Medical Attendant.

Address, * 605 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Maddew

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~*Single, Widow or Widower;*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 36 President St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Supposed Paralysis

Duration of last Sickness, 3 years (had a Stroke of Paralysis 3 years ago)

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemy

Date of Burial, Jan 31 1879

Undertaker, James P. Byrne

Place of Business, Front St

James A Steuart M. D.
Medical Examiner.

Address, Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30085

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Key Howard

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 3 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 53 Cathedral St

Cause of Death, First, (Primary,) Warian Tumor

Second, (Immediate,) Spasmus Condis (Spasmodic

Duration of last Sickness, Sair at 7 AM 27th ending as above at 1230 AM 28th inst)

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Yard

Date of Burial, June 31 1879 Christopher Johnston M. D.

Medical Attendant.

Undertaker, J. W. Jenkins & Son

Place of Business, 16 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Mc Govern

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } S

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 190 Greend Mount Avenue

Cause of Death, { First (Primary,) Premature birth. 3 Pounds. / Second (Immediate,) Inanition.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, January 31st 1879

{ *Undertaker,* James P Byrne / *Place of Business,* No 63 N Front St

Ted R Reynolds M. D.
Medical Attendant.

Address 43 North Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1879 BALTIMORE

Permit No. 3008 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ward

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 698 Light St

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.)

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Jan 31st 1879 J. O. Harrington M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0761.]

Board of Health, City of Baltimore,

Permit No. 30088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dunnigan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 114 Stanford Ave

Cause of Death, First (Primary,) Sickly from birth.

Second (Immediate,) Gastric Catarrh

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jan 31 1879

Undertaker, Jas P. Flynn

Place of Business, Front St

Edw J. Michaud M.D.
Medical Attendant.

Address, 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4:45 A.M. January 30th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Addison

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, One *Years,* *Months,* Twenty-four *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 130 Ramsey Street.

Cause of Death, {First (Primary,) Pneumonia} {Second (Immediate,) Exhaustion}

Duration of Last Sickness, Fourteen (14) days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, February 1

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Wm H. Chandler M.D.

Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Pollard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy Seven *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow or Widower,* {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore - Maryland

Duration of Residence in the City of Baltimore. Fifty years

Place of Death, {Give street and number.} No 34 Granby Street

Cause of Death, First (Primary,) Heart Disease & Rheumatism

Second (Immediate,) Typhoid fever

Duration of Last Sickness, Failing for last three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 1 1879

Undertaker, Thos S. Hughes

Place of Business, 60 E. Baltimore St.

Joseph C. Cockey M. D.
Medical Attendant.

Address No 2 South Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3069/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Ann Moore

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 97 N. Dallas St.

Cause of Death, First, (Primary.) Measles

Second, (Immediate,) Catarrhal Pneumonia

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 30th 1879

Undertaker, Thos. J. Locke

Place of Business, 53 Jefferson St.

John L. Lynch M. D.
Medical Attendant.

Address, No. 1 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 30092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Otten

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 185 West St.

Cause of Death, First, (Primary.) Rheumatism & Pericarditis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2 to

Thos. Cook M. D.
Medical Attendant.

Undertaker, Henry Bricke

Place of Business, Henrietta St 81

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Jenkins.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number.} 124 Myrtle ave.

Cause of Death, First (Primary,) Hemiplegia — colds.

Second (Immediate,) Phthisis.

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery W. P. Morgan M. D.

Medical Attendant.

Date of Burial, Feb 1st 18[illegible]

Undertaker, Stewart & Morgan

Place of Business, 35 Park ave. *Address* 175 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec[illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto W Eichelberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy Nine (79) Years, three months Months, 15. days Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 181. North Howard Strat

Cause of Death, First (Primary,) Embolism

Second (Immediate,) Senile Decay

Duration of Last Sickness, Six week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery H. G. Rodgers M. D.

Date of Burial, Feb 1st 1879 Medical Attendant.

Undertaker, Stewart & Bowen Address 352 Madison Ave

Place of Business, 35 Park ave Corday's Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmond Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Three *Months,* — *Days.*

Color, Black *Sex,* —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lambert St.

Duration of Residence in the City of Baltimore, 3 months.

Place of Death, {Give street and number.} No. 82 Moore st.

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Enteritis

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 30th 1879

Undertaker, Wm. H. Bishop Jr.

Place of Business, 199 Druid Hill ave.

F. B. Gardner M. D.
Medical Attendant.

Address 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 30096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 30th. January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Paulus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Chapel Street 10[illegible]

Cause of Death, {First (Primary,) / Second (Immediate,)} 1 Convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Upthamans Cemetery

Date of Burial, Jan 31 "

{*Undertaker,* Ambrose Kreibler / *Place of Business,* 222 E. Lombard St.}

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 11[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 31

Permit No 30097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 1 *16 Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 207 Mulliken St

Cause of Death { First, (Primary,) Second, (Immediate,) Pneumonia

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Natural Cemetery

Date of Burial, Jan 31st 79

Undertaker, Chas B Wilkes

Place of Business, 56 Brady St

D D Grant *M. D.*
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thompson

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 18 *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dulaney's Valley. Balto. Co.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} # 7 Young's. Ct.

Cause of Death, First (Primary,) Ph Thisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb. 1st 1879

Undertaker, Theodore G. Looks

Place of Business, 18 Jefferson st

W. J. O'Reilly M.D.
Medical Attendant.

Address, 335. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30099

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31 / 879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Sauerwald

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 51 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number.} No. 7 Wagon Alley

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) "

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 2d of Feb.

Undertaker, P. Rummel

Place of Business, 317 Mulberry St.

Thos. Opie M.D.

Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 30104 — OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 January 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa McKenny McKenny

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ *Months,* 10 minutes ~~Days~~

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Linden ave

Cause of Death, {First (Primary,) Premature birth (6 months gestation)

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Feb 1st 1879

{*Undertaker,* Wm McClain

{*Place of Business,* 41 Druid Hill ave

G Lane Tanyhill M.D.
Medical Attendant.

Address, 129 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Shields

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Parrish st.

Cause of Death, First, (Primary.)

Second, (Immediate,) Lockjaw

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mitchell Cemetery

Date of Burial, February 1st

Geo C Gift M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 N Bethel *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 Mo. 30 " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number} 4 St George St.

Cause of Death, First, (Primary.) Tuberculosis Chest

Second, (Immediate,)

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Johns

Date of Burial, Feb 1st 1879

Undertaker, John J. Andrews

Place of Business, 214 & 216 Druid Hill Ave

W. Riley M. D.
Medical Attendant.

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 30103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jonathan T Summers

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 130 McElderry St

Cause of Death { First, (Primary.) Cerebral Hemorrhage
Second, (Immediate,) the result of a fall on the head

Duration of last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

S I Knight M. D.
Medical Attendant.

Undertaker, J. F. Weaver

Place of Business, Fayette St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Foote

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 324 E Madison St

Cause of Death, First, (Primary,) Dropsy,

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, [illegible]

Undertaker, Thos J Hughes

Place of Business, Balto & Exeter

per Wm. E. Purnell M. D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Jones (Mother)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— Years, ——— Months, 6 Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 88 Chesnut St

Cause of Death { First, (Primary.) ——— Second, (Immediate.) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Jan 31 1879

{ Undertaker, W. H. Duncan Place of Business, East St

James A Steuart M. D. Medical Attendant.

Address, Comm of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Coston

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —— Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Bull's Head Tavern – Balt.

Cause of Death, First (Primary,) ——

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery S. T. Coyner *M. D.*

Medical Attendant.

Date of Burial, January 31st 1879

Undertaker, James S. Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB 1879

Permit No. 30107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th January. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Tucker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 0 *Years,* 23 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 209 Mulberry St.

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Co

Date of Burial, Feb 2 1879

Undertaker, J. R. Pleasants & Son

Place of Business, 606 Balt St

Louis L. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 30108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
JAN 1
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Crowse

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* One (1) *Months,* Fourteen (14) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } 356 E Eager Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 2nd 1879

Undertaker, [illegible]

Place of Business, [illegible]

H. O. Kelsey M. D.
Medical Attendant.

Address, 60 Eager corner Collington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry D. Reuben Rebert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Farmer & Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About five weeks

Place of Death, {Give street and number.} 253 N. Bond St.

Cause of Death, First (Primary,) Pneumonia (double)

Second (immediate,) ~~Hemorrhage~~ Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, M. A. Johnson Cem

Date of Burial, Feb. 3 & 4 '79

Undertaker, M. France

Place of Business, 280 Canton Ave

C. N. Scanff M. D.
Medical Attendant.

Address 4 Catherine St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Michael

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, { Give street and number } 285 E. Pratt St.

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb 3 & 79

B. W. Mansfield *M. D.*
Medical Attendant.

Undertaker, M. Franck

Place of Business, 280 Canton Ave *Address,* 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Yagar

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* 6 — *Months,* 6 — *Days.*

~~*Color,*~~ ———— ~~*Sex,*~~ ————

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ————

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 943 W. Pratt St

Cause of Death, First (Primary,) Broncho-pneumonia

Second (Immediate,) Gradual Apnea

Duration of Last Sickness, about 4 d/s —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 2nd/79

C. C. McDowell M. D.
Medical Attendant.

Undertaker, H. H. Stanbro

Place of Business, 1216 Baltimore St

Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight haurs after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fresh

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 118 Bethell St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry Geo S Reynolds M. D.

Date of Burial, Feb the 3d 79 Medical Attendant.

Undertaker, G Shelling

Place of Business, Aug'tt and Monument st *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30113

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. C. Hanson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Reporter -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 1414 E Chase St

Cause of Death {First, (Primary.) Phthisis Pulmonalis

{Second, (Immediate,) Asthenia

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Launey Cemetery

Date of Burial, Febr 3 the 1879

Undertaker, H. Hobson

Place of Business, 63 N. Edw St

Sam'l T. Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdelina Hyle

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seventy ~~Two~~ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number} No 29 N. Pokpleton Street

Cause of Death, {First, (Primary,) Senile Catarrh / Second, (Immediate,)

Duration of last Sickness, About One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 2nd 1879 | Chas W. Jeff M. D. Medical Attendant.

Undertaker, P. Hemmert

Place of Business, Mulberry St | *Address,* 306 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 30115

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gillis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State ac country (and how long in the United States, if of foreign birth.} /

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 183 Augusta Ave

Cause of Death, {First (Primary,) Coma

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary Md

Date of Burial, Feb 1 1879

M. D.
Medical Attendant.

Undertaker, Wm H Dungell

Place of Business, No 62 East st *Address* 782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT FEB BALTIMORE

Permit No. 30116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Goff

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. W. Cor Balto & Davis Sts

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1st 1879

James H Kenny M. D.
~~Medical Attendant.~~

Undertaker, John C. Jordan

Place of Business, Park Ave

Address, Comm of Health to Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined B. Diggs S. Duck

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st. 5 P. M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Byrne

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number} 190 S Central Avenue

Cause of Death, First, (Primary.) Alcoholism

Second, (Immediate.) .....

Duration of last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan Feby 3. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Geo E Dowdle M. D.
Medical Attendant.

Address, 199 E. Baltimore Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmie M. Carderter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chester St. Let., Hydir & River

Cause of Death, {First (Primary.) Second (Immediate.)} Intussusception

Duration of Last Sickness, Thirty five hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 1st, 1879

Undertaker, Wm. H. Hickman

Place of Business, 23 & N Gay St

W. W. White, M.D. ~~M.D.~~

Medical Attendant.

Address 741 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 30119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, c
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. FEB 1 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter L Simson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 235 Gilmore St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 2nd 1879

Undertaker, Hughes

Place of Business, 658 W Fayette St

Geo. H. Grayson M. D.
Medical Attendant.

Address. 18 Bloomfield St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 80140

OFFICE OF REGISTER OF VITAL STA...

HEALTH DEPARTMENT FEB 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday January 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Brady

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 29 Willow St

Cause of Death First, (Primary,) "Acute Membranous Croup"

Second, (Immediate,) /

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, February 2d 1879

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Wilmer Bowlus M. D.
Medical Attendant.

Address, 25½ Gouvernor Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 3012/

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McNamara.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 20 years,

Place of Death, {Give street and number} City Hospital,

Cause of Death First, (Primary,) Morbid Brights Disease,

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 months,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Feb 1st 1879

H M Brown M. D.
Medical Attendant.

Undertaker, Pat Mullin

Place of Business, Cambridge St. *Address,* City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 30144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank S. Harrington

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md,

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number} 109 Battery Av.

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Phthisis - Came unknown, Dr Cruthfield

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Feby 3rd

R. H. Tull M. D.
Medical Attendant.

Undertaker, B Hall

Place of Business, 411 E Pratt St

Address, 152 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1300

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30123 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, d... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Bird

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Grocery Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Cavan Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 241 E Chase st

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral D. P. Geaen M. D.

Date of Burial, Feb. 2. Medical Attendant.

Undertaker, Henry C. Hudefeld

Place of Business, 80 Franklin St. *Address* 133 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edw. Kehoe,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 439 E. Ave.

Cause of Death, First, (Primary,) Lazy jaw

Second, (Immediate,) Colera

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimitry

Date of Burial, February 2nd 1879

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton Ave.

H. H. Lusk M. D.
Medical Attendant.

Address, Balt. & Bank. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Friday Jan 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mary Arnold

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, About 40 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 29 Streeper St once call Harrison

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, February 3rd 1879

Undertaker, H. M. Gilmor Jr

Place of Business, 341 Canton Av.

J. Richards M.D.
Medical Attendant.

Address, 28 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31126

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January ~~December~~ 30th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Euler G Talbott

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~Two~~ Years, 2 Months, 0 Days.

Color, Dark brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Years & 2 mo

Place of Death, {Give street and number} No 84 Pearre Alley

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Pneumonia

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 1879

Undertaker, [illegible]

Place of Business, Home market

B F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, little over a year

Place of Death, {Give street and number.} No 9 Paris alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, a long time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2. 1879

Undertaker, S W. Chase

Place of Business, 8 Howard st

J. Albert Stephens M. D.
Medical Attendant.

Address N. W. Dispensary
105 Pa ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90128

HEALTH DEPARTMENT
FEB 1879
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith O'Rohue

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 309 McElderry St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Don't Know Complaining a year or more

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 2nd 1879

Undertaker, Wm J Hugh

Place of Business, 60 E Balto

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31' 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Troy.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 20 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St. Joseph's House of Industry cor. Caton & Lansing sts

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 2nd 1879

{*Undertaker,* Joseph F Byrne

Place of Business, 59 n Liberty

A A Lattin M. D.
Medical Attendant.

Address 543 Eighth st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 30130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Burch

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 New St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 2 1879

Undertaker, H. H. Chase

Place of Business, 96 & 98 S. Howard St

L. V. Vogel M.D.
Medical Attendant.

Address 82 East Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

Date of Death, Jan 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Luke Slaber

Sex, Male or Female, {cross out the word not required in this line.} Female Parents

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Carlton St. Cor of Vine St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,) Spasms

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Feb 2 1879

{ *Undertaker,* W. N. Duncan
Place of Business, East St

Jno A Clements M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Jas. Vansant

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann E. Ellery

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* *~~Months~~,* *~~Days.~~*

Color, W *Sex,* F

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, { Give street and number. } Apt Mrs Bone

Cause of Death, { First (Primary,) Pulmonary Tuberculosis / Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE.

Place of Burial, Western Cemetery

Date of Burial, 3rd Feb. 1879

Geo H. Fiske *M. D.*
Medical Attendant.

Undertaker, H.H. Jenkins's Son

Place of Business, 16 Light st.

Address 1 Mineola Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Eagle

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 7 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 415 Eastern Avenue

Cause of Death { First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feb 2d

Undertaker, Fry & Dw

Place of Business, 104 to Broadway

D. [illegible] M. D.
Medical Attendant.

Address, 60 Eastern

HEALTH DEPART. FEB 2 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Permit No. 30134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

Date of Death, Feb 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kings County Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} North St Corner

Cause of Death, First (Primary,) Pneumonia & Effusion

Second (Immediate,) Paralysis of Brain

Duration of Last Sickness, Ten Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 2nd 1879

Dr. D. L. Santee M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore Street

Address 782 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE.

Date of Death, February 1. —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Weidinger

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 45 *Years,* 9 *Months,* 16 *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 175 S. Eden st

Cause of Death, {First (Primary,) Locomotor Ataxia

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Feb 3. 1879

Undertaker, P. Fry

Place of Business, 91 Eastern Ave

Peterwald M.D.
Medical Attendant.

Address, 97 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Louis Monninger

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Mulberry

Place of Death, {Give street and number} 246 Mulberry St.

Cause of Death { First, (Primary,) Capill Bronchitis
Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 3d 1879

Louis L. Klopp *M. D.*
Medical Attendant.

Undertaker, Peter Kumetz

Place of Business, 317 Mulberry *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A. Hughes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 25 yeas

Place of Death, {Give street and number} S. E. cor Sharp & Lee 8th
Residence 162 York st

Cause of Death, First, (Primary,)

Second, (Immediate,) Believed to be Heart disease

Short

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 3

Undertaker, Herndon Ross

Place of Business, 95 Conway St

R. C. Lee M. D.

Calvert S. D.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1879

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward. Holyland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 8 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Minnesota

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 20 S. Dukeman St

Cause of Death, First (Primary,) Marasmus of Mesat

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 3rd 1879

F. R. McElmes M. D.
Medical Attendant.

Undertaker, Hughes & C

Place of Business, 350 W Fayette St *Address* 71 E Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Schickle

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Thirty-three Years, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bar-Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 113 Second Alley

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 3rd 1879

Dr. Reese M.D.
Medical Attendant.

Undertaker, Abraham Levi

Place of Business, 1152 W. Baltimore

Address, 89 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Glennan

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 37 Franklin St

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Caused by Intemperance,

Duration of last Sickness, a few hours Sick

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb. 2 /79

Undertaker, N. W. Jenkins & Son

Place of Business, 16 Light St.

Felix McCurdy M. D.
Medical Attendant.

Address, 9 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday morning Feb 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Daniel Twomey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty Three 63 *Years,* Eleven *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 35 Years

~~*Duration of Residence in the City of Baltimore,*~~ 35 Years

Place of Death, {Give street and number.} Aged Poor House Frankford Avenue

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 3rd Feb. 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st.

Geo. H. Opie M. D.
Medical Attendant.

Address Franklin Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 30142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann Chaney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 8 Rice st

Cause of Death, First (Primary,) Cancer (Mammary)

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2. 79

J. L. Ingle M. D.
Medical Attendant.

Undertaker, Francis Ideman

Place of Business, 127 Fiddle st *Address* 217 Lancaster st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alpheus Watts

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 443, Stricker St

Cause of Death { First, (Primary.) } { Second, (Immediate,) } Diphtheria

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 3rd 1879

Undertaker, John J Andrews

Place of Business, 4 Te Druid Hill Ave

S. S. Knight M. D.
Medical Attendant.

Address, 112 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30144

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Chance

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Poor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 40 Aliceanna

Cause of Death {First, (Primary.) Bronchitis

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, H. H. Cemetery

Date of Burial, Feb 3rd 79

Undertaker, Wm Elsey

Place of Business, 101 Gough St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Marcella C. Riordan

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 0 *Years,* 10 *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Linden Avenue

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, Feb 3rd 1879

Undertaker, R Kennick & Son

Place of Business, 92 W Balto St

Richd McSherry M. D.

Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sorey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence ~~in the City~~ of Baltimore,

Place of Death, {Give street and number.} 66 Myrtle Ave

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery,

Date of Burial, Feb 3d 1879

{*Undertaker,* Wm Somerville

Place of Business, 65 Mulberry St

W W Sutton *M. D.*

Medical Attendant.

Address, 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jonathan Lewis

Sex, Male or Female, { cross out the word not required in this line. } M

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number } 177 Hughes

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Cremation Burns

Duration of last Sickness, 23 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 3d 1879

Undertaker, Armstrong & Denny

Place of Business, 268 Light St

Thomas Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amy Neuman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Three *Years,* Three *Months,* Eighteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #91 Scott St

Cause of Death, First, (Primary,) ((Pneumonia "

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 3rd 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

J. G. Lustucum M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Anderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty six *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford Co.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 203 E. Biddle St.

Cause of Death, First, (Primary.) Cholera.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 3rd 1879

D. Caldwell Ireland M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay st.

Address, 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Burns

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 32 ~~*Years*~~

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 72 S. Bond St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Consumption

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 8th 1879

Undertaker, John H. Weaver

Place of Business, W. Fayette St.

Thos A Williams M. D.
~~Medical Attendant.~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by B. Legg

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Febr. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Hais

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 375 N. Eutaw St.

Cause of Death, {First (Primary,) Catarrh Bronchial.

Second (Immediate,) Hydrocephalus ab. 3 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, 24 Febr.

Undertaker, Chas. Bellook

Place of Business, 407 W. Baltimore

D. Chapman M.D.
Medical Attendant.

Address, 57 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30152

HEALTH DEPARTMENT BALTIMORE FEB 3 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd February, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida H. M. Stevenson.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six Years, three Months, ——— Days.

Color, White ——— *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 76 Richmond Street.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 4th/79

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Geo. J. Collins, M. D.
Medical Attendant.

Richmond St. & Park Avenue
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30153.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Benderal

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Heberg (Germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, February 3rd 1879

Undertaker, H. Schnetkes

Place of Business, ——— *Address,*

J. Allwine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Charlotte A. Henry,~~ 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte A. Henry

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 127 N. Bethel St

Cause of Death { First, (Primary,) ——
Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 3rd 1879

Undertaker, Nicholas Hoch

Place of Business, 13 Jefferson St

L D Gross M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 1879 ...TIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Naylor

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, ~~Col~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give street and number. } 137 Wales St — 7th

Cause of Death, { First (Primary,) Meningitis

Second (Immediate,) .....

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 3 1879

Undertaker, Geo J Locke

Place of Business, 73 Jefferson St

H Hall Cullen M.D.
Medical Attendant.

Address, 151 August St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30156

HEALTH DEPARTMENT
FEB 6
1879
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. H. Foyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} 286 Mc Donough St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 Wolfe St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feb 4 1879

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

James Reed *M. D.*
Medical Attendant.

Address 158 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kate Mooney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 145 Fairmount Ave

Cause of Death { First, (Primary,) Convulsions
, Second, (Immediate,) Epilepsy

Duration of last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Feb 3d 1879

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Lurck

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingston Ky

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} Howard House

Cause of Death, {First (Primary,) Typhoid Fever — Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Kingston Ky

Date of Burial, Feb 4 1879

Undertaker, Jos F Byrne

Place of Business, 57 N. Liberty St

E. C. Price & Son, M.D.
Medical Attendant.

attended by Edwin C. Price M.D.

Address 262 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1301

[OVER]

Permit No. 30159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles Zimmioth

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 63 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Minden. Germany, 42 years in

Duration of Residence in the City of Baltimore, 42 years in Balt. T.

Place of Death, {Give street and number} S. Paca Street 145

Cause of Death, First (Primary.) Apoplexie

Second (Immediate.) Paralysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4 February 1879

Lud Reinhard M. D.
Medical Attendant.

Undertaker, H.W. Jenkins Son

Place of Business. 16 Light St.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane O. Hara

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} 10 Woodyear St.

Cause of Death First, (Primary,)

Second, (Immediate,) Senile Decay

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Feb 5th 1879

James A Steuart M. D.
Medical Attendant.

Undertaker, I. E. Hough

Place of Business, Penn. Ave *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by I. Vansant

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Jackson (Mother)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Decker St

Cause of Death {First, (Primary,) Premature Birth— (6 mos.)
Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feby 4th 1879

Undertaker, Wm Das Gray

Place of Business, Mulberry St

Saml A Clain M. D.
Medical Attendant.

Address, Coroner's Office & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by—

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Hess

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 4 *Years,* 3 *Months,* 8 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 140 Vine St.

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Blood-Emporsoning

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, the 4th of Feb

Undertaker, P. Kumpel

Place of Business, 317 Mulberry St.

Mary Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2 or 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Johnenberg

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 123 Columbia St.

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 4th 1879

C. L. Buddenberg M. D.
Medical Attendant.

Undertaker, Adam Kellenmeyer

Place of Business, 212 N. Baltimore St.

Address, 166 S. Paca St.

HEALTH DEPARTMENT FEB 3 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 30164 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fitchett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Laudenpark

Date of Burial, Feb 4th

{*Undertaker,* Wm Weaver / *Place of Business,* 202 N Eutaw st}

Chris Fawcett M. D.
Medical Attendant.

Address 92 Mosher Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Williams

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Elliott City

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} No 19 Eutaw Court

Cause of Death, First (Primary,) Malignant disease of the heart

Second (Immediate,) Congestion of the lungs

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Feb 4th 1879

Undertaker, Or. Lucy Island

Place of Business, 812 N. Monument St.

S. Hillyer M.D.
Medical Attendant.

Address, 8 Bolton Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry. 3d. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Sinzwald

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Two *Years,* ——— *Months,* Six *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 S. Broadway

Cause of Death, {First (Primary,) Croupous Diphtheria; Second (Immediate,) Exhaustion}

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, February 5th.

Undertaker, Fred Gaede.

Place of Business, 1421 Eastern Ave.

D. E. Lauer H. Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Roach

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, about 53 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} 251 West St.

Cause of Death First, (Primary,) unknown

Second, (Immediate,) Hemiplegia

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Cem

Date of Burial, Febr 5th 1879

Undertaker, C Julius Koehler

Place of Business, Sharp & Cross sts. *Address,*

D L Steiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 30168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} "

Age, 19 *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 yr 8 mo 23 days

Place of Death, {Give street and number.} S W Cor Hollins & Smith

Cause of Death, First (Primary,) Carditis

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 5th

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address*

J H Mason M. D.
Medical Attendant.

" "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Allenbaugh.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 67 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, For life.

Place of Death, {Give street and number} # 13 Bartlett St.

Cause of Death { First, (Primary,) Pneumonia.
Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 5

Undertaker, J. Whatmore

Place of Business, 238 Penna Ave

Louis W. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Smith Allen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and number.} 228 Conway St Baltimore

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th 1879

Undertaker, John J Andrews

Place of Business, No 146 Druid Hill Ave

C W Leaden M. D.
Medical Attendant.

Address 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30171

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 30171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester Baynes

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 *Years,* 10 *Months,* 17 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 23 Jacob alley

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Phthisis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Wilkens Street

Date of Burial, Feby 4th 1879

Previous Care M. D.
Medical Attendant.

Undertaker, Jacob Pawes

Place of Business, 109 Lee St

Address, 116 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, about 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 3 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, February 5. 1879

Undertaker, Saml Bowers

Place of Business, 156 Division St

Mathew Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Freisinger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicotts Mills Md

Duration of Residence in the ~~City of Baltimore~~, Institutions 4 mos

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, Hereditary - when received

All the above information should be furnished by the Physician.

Place of Burial, Loney Grave

Date of Burial, Feb 4

Undertaker, Sam Bosley

Place of Business,

Martin Brewer M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Meier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 y 3 m *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} 184 N. Chapel

Cause of Death First, (Primary,) Congestion of

Second, (Immediate,) Pneumonia

Duration of last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Feb 4th

Undertaker, H. Eschlick

Place of Business, 246 Easton St

G. L. Wilkins M. D.
Medical Attendant.

Address, 904 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30175

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Sullens

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 53 Patuxent St.

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) .....

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Feb 4th

Undertaker, H. Brechlin

Place of Business, 246 Eastern Av

R. D. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT REC'D FEB 4 1879 BALTIMORE.

Date of Death, Feb. 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. S. Preston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 22 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 Ross st.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,)

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Feb 4th 1879

Albert Stephens, M. D.
Medical Attendant.

Undertaker, Wm S Madden

Place of Business, 335 N Howard st *Address* 427 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE.

Date of Death, Feb 3rd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannah Bockelmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 74 Bank

Cause of Death, First (Primary,) Accident (no explosion

Second (Immediate,) Burn from coal oil

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 5th

Edmund Rowe M.D.
Medical Attendant.

Undertaker, Wendelin Diffpd

Place of Business, 1. Bond St. 151

Address Coroner in PD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 301

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 118 N Dallas st

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 15 79

Undertaker, William H. Bruce

Place of Business, 62 East St

Jno. L. Knapp M. D.
Medical Attendant.

Address, Broadway & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFET

No. 30179

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Warns

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 66 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 123 N. Chapel st.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Cemetery

Date of Burial, Feb 5th

Undertaker, Chas Keefe

Place of Business, 94 E. Lombard

P. G. Jarrel M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Cummings

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number } 1112 E Baltimore St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Syphilis

Duration of last Sickness, Last Year

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Feby 8th

Undertaker, M. Clark & Sons

Place of Business, 64 E Baltimore St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30181

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1899 11:30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kline

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 42 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 422 Canton Ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 4 Days - ill - complicating other cause 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cemetery

Date of Burial, February 5th 1899

James E. Donnelly *M. D.*
Medical Attendant.

Undertaker, H. M. Gilmeyer

Place of Business, 312 Canton Ave. *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 - Hanover St

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, M. E. Church Cemetery

Date of Burial, February 5th 1879

J. N. Mann M. D.
Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd Feb 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bond

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 87 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 381 E Pratt St

Cause of Death, First, (Primary.) Carcinoma

Second, (Immediate.) "

Duration of last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 6th 1879

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 108 Paca Ave

F. Dawes Colegate M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 3d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cousins.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 14 *Years,* 8 *Months,* 17 *Days.*

Color, White.

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia.

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and number.} 85 Arlington Ave.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters. Cemetery

Date of Burial, Feb 4

Undertaker, J R Cook

Place of Business, 707 W Bt Baltimore

Jno G Powell M. D.
Medical Attendant

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Bromwell.

~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 44 Years, ____ Months, ____ Days.

Color, Wh

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number} 7 Poultney St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 3 years. Confined to House 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Lonelonedge Dorchester Co Md

Date of Burial, Feb 4 79

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1303

...on of Physicians is respectfully invited to the remarks below. and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 30186 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara A. Solomon Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 123. N. Central Avenue

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr Cemetery

Date of Burial, Febr the 5th

Francis H. Dawes M. D.
Medical Attendant.

Undertaker, Wm Davis

Place of Business, 414 E. Bond St. Address 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Shea

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 4 Wagner Court East

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia Pulmonalis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery *J. A. Kenim* *M. D.*

Medical Attendant.

Date of Burial, February 6th 1879

{*Undertaker,* John N. Weaver / *Place of Business,* 422 N. Bayette St.} *Address* 185 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adams

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 104 S. Wolfe st

Cause of Death, First, (Primary.) Suffocation by Cataarh

Second, (Immediate,) Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 6th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

G. A. Lamb M. D.
Medical Attendant.

Address, Balt. & Bank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

No. 30107

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Klumpp

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 238 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Bright's Disease of Kidney

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 6 1879

W. Gordon Gorter M. D.
Medical Attendant.

Undertaker, Ch. J. Dill

Place of Business, 83 Columbia Av *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1879
BALTIMORE

Permit No. 30190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Wallin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Woodworker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 147 Dorsey St.

Cause of Death {First, (Primary,) Paralysis
Second, (Immediate,) Coma

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, Feb 6th 1879

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

Martin Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attend...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

Permit No. 30191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A Crane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 753 W. Lombard St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Four days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 6th 79

Undertaker, Jos. R. Pauline.

Place of Business, No 66 Pearl St.

James Bolus M. D.
Medical Attendant.

Address 219 Aliceanna St
Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta B. Annie

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore. 21 mos.

Place of Death, {Give street and number.} 215 Conway St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) "

Duration of Last Sickness, 3 wks. 2 days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 6 of Feb

{*Undertaker,* J. Teufel / *Place of Business,* 616 W. Baltimore

Eldridge C. Price M. D.

Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following, and to Rules on Reverse.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30193.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. R. C. Riordan

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 5 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 240 George St

Cause of Death, First (Primary,) Malignant form

Second (Immediate,) Scarlet fever — with Diphtheria

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Thursday Feby 5th

Undertaker, McKennick Bro

Place of Business, 92 N Howard St

Richard McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30194

HEALTH DEPARTMENT
5
1879
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Capitola Thomas Copeland

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 46 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Mariner and Engineer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Christiania Norway

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number } 20 E. Pratt St.

Cause of Death { First, (Primary,) Pneumonia — Lobular
Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Gould

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..... ✓

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 25 Hanover Av.

Cause of Death, First (Primary,) Croup Membranous

Second (Immediate,) .....

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6. 1879

Undertaker, William H. Bruce

Place of Business, 62 East St.

J. O. Rennolds M. D.

Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALMSHOUSE HOSPITAL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emila Burke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada (16 yrs in America

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} Alms Hospital

Cause of Death First, (Primary,) Dynamite Explosion

Second, (Immediate,) Pneumonia

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Dover New Jersey

Date of Burial, Feb 7th 1879

Undertaker, Henry F. Mears

Place of Business, 45 N. Gay St

Geo. L. Carr M. D.
Medical Attendant.

Address, 184 S Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1304

[OVER.]

No. 30197

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37 Sharp St alley

Cause of Death First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, About 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Feb 6th 1879

Undertaker, S. M. Chase

Place of Business, Howard St

James A Steuart M. D.
Medical Attendant.

Address, Commr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — B. Diggs

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Februar. 4 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Roloff.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailorin.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rawich Kingdom of Poruss

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 164 S Bond Street.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 5th 1879

{*Undertaker,* P. Mullin / *Place of Business,* Caudridge St *Address*}

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 5 1879 BALTIMORE

Permit No. 30199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lida Mae

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, nine *Years,* *Months,* *Days.*

Color, white *Sex,* F.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge, Md

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and number.} 39 a Lanvale St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 6th 1879

W. T. Howard M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penna Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 3020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
FEB 5
1879
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Monroe Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 223 Forest St

Cause of Death, First (Primary,)

Second (Immediate,) Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6th, 1879

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

J. Ridgway Pindro M. D.
Medical Attendant.

Address, No 121 E Butler St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Murray

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Ladys Maid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 161 St Paul st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feby 6/79

J H Patterson *M. D.*
Medical Attendant.

Undertaker, Stewart & Mavers

Place of Business, 35 Park Ave *Address,* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Falls

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 245 N Calvert St

Cause of Death, {First (Primary)} Fracture of neck of Femur

{Second (Immediate,)} Exhaustion

Duration of Last Sickness, Abt Seven eight weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Feby 6/79

{Undertaker, Stewart & Mowen

{Place of Business, 35 Park Ave

Higgins Buckler M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th July 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Schnitter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Milk Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fort avenue. no number

Cause of Death, {First (Primary,) Pneumonia & Bronchitis

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 6th 1879

{*Undertaker,* Julius Kocher

{*Place of Business* Sharp & Cross sts

Augustus W. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 30204

Board of Health, City of Baltimore.

HEALTH DEPARTMENT RECEIVED FEB 5 1879 BALTIMORE

Permit No. 30204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Kirchner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 18 N. Paca St.

Cause of Death First, (Primary,) Phthisis pulmonum

Second, (Immediate,) Hydrothorax

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Feb. 6th 79

Undertaker, M. France

Place of Business, 220 Central Ave. *Address,*

J. Mathies M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths

No. 30205

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Read

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boot fitter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 118 E. Madison St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, February 6 1878

Undertaker, Perkins & Co

Place of Business,

E. H. Hall M. D.
Medical Attendant.

Address, 20 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30206

HEALTH DEPARTMENT 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Thompson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, about 50 *Years,* — *Months,* *Days.*

Color, colored *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, fifteen yrs

Place of Death, { Give street and number. } 31 neighbor alley

Cause of Death, { First (Primary,) Valvular disease of Heart. / Second (Immediate,) Dropsy

Duration of Last Sickness, about ~~2 days~~ 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1879

Undertaker, C. A. White

Place of Business, Granby St

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT FEB 5 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'ry 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bromwell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 30 M'Elderry

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Convulsions - Pneumonia

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 7 1879

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 30 Central Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

16

No. 30208

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Wasserman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 113 Conway Street

Cause of Death, First, (Primary.) Acute Bronchitis

Second, (Immediate,) Pulmonary Collapse

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Bals Hebrew Cemetery

Date of Burial, Febry 6th 1879

Undertaker, M. L. Strauss

Place of Business, Fayette & Howard Sts

S. W. Behrens M. D.
Medical Attendant.

Address, S E Cor Eutaw & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30209

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth S. Adams.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 month *Years,* — *Months,* 8 *Days.*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 429 Lombard st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Basilar Meningetes

Duration of last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Feb 7th 1879

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

H Darling M. D.
Medical Attendant.

Address, 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If a child not named, give names of parents.} Helen Barnwell Geiger Mrs Charles A Geiger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 1 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Beaufort S. C.

Duration of Residence in the City of Baltimore, 5 years (nearly)

Place of Death, {Give street and number.} No. 264 Druid Hill Ave

Cause of Death, First (Primary,) Pleuro-pneumonia.

Second (Immediate,) Asphyxia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Febr 7th 79

Undertaker, Stewart & Hamm

Place of Business, 8 E. Pratt St.

Charles A Geiger M. D.

Medical Attendant.

Address No. 264 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Eichner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 365 Lombard St

Cause of Death {First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 6 1879

Undertaker, A Weidenmyer

Place of Business,

S. T. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wesley Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 10 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 16 Parish Alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 9 Rice St

Cause of Death, {First (Primary,) Second (Immediate,)} Croup

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetary

Date of Burial, Feb 6 1879

Undertaker, Wm H Dunges

Place of Business, No 62 East st

J. D. Iglehart M. D.
Medical Attendant.

Address 219 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 302

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bouchat

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 3 *Months,* ____ 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 21 Dorsan Alley

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Diarhoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudons Park

Date of Burial, Feb 7th 1879

Undertaker, P. Kennard

Place of Business, Mulberry St

J. McGuire M. D.
Medical Attendant.

Address, 76 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Lemuel Bowie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia Pen.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 22 Pennsylvania Av

Cause of Death, First (Primary,) D

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 6

Undertaker, C. W. Blizzard

Place of Business, 207 Penn av

H. F. Hill *M. D.*
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Findling

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 49 *Years,* — *Months,* — *Days.*

Color, White *Sex,* ——

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and number. } 46 Frederick Av

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feby 6 1879

{ *Undertaker,* Jno S Mackey
{ *Place of Business,* 150 Camden St

Jno. G. Hoffday M. D.
Medical Attendant.

Address Carroll P. O. Balto Co. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Seifenider

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Sixty two *Years,* Seven *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, about 12 Months

Place of Death, { Give street and number. } 150 Park Ave

Cause of Death, { First (Primary,) Capillary bronchitis / Second (Immediate,) Consumption

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, Feb 7 1879

Undertaker, Armstrong & Berry

Place of Business, #263 Eighth *Address* 626 Lexington St

D. C. Shriner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Fraunt 1306

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno F. Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 49 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Rigger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give street and number} 70 Johnson St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Arachnitis & Congestion of the Kidneys

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Feb 6 1879

P. C. Lee M. D.
Medical Attendant.

Undertaker, Armstrong & Benn

Place of Business, # 263 Light *Address,* Hanover & Barre sts

Carson S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Boldew

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 88 East St

Cause of Death { First, (Primary,) Second, (Immediate,) Inanition

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1879

Undertaker, Ichal & White

Place of Business, Granby St

James A Clem M. D.
Medical Attendant.

Address, Comm of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam Jos Fitzpatrick S. Jan

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Felton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, Colord -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} 13 Jordan Alley

Cause of Death, First (Primary,) Dying when Seen by Dr. Symptoms of Internal Hemorrhage

Second (Immediate,)

Duration of Last Sickness, About 12 hrs -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 6th 1879

Undertaker, Chas. T. Scriven

Place of Business, 111 N Eutaw

Eldridge C. Price M. D.
Medical Attendant.

Address 263 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Gallagher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 4 *Months,* ——— *Days.*

Color, white *Sex,* female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Feb 7th 1879

Undertaker, Chas T Scriven

Place of Business, 2111 Eutaw St *Address*

J. H. Butler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 30221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Schmuck

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——————

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 12 Bevan st

Cause of Death { First, (Primary,) Unknown
, Second, (Immediate,) Convulsions

Duration of last Sickness, three days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 7. 1879

{ *Undertaker,* Henry Briele
Place of Business, Nonnetta st

James A Steuart M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Tarsaut

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 30222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Simms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 73 Church

Cause of Death, {First (Primary.) Pulmonary Consumption

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 6 1879

Undertaker, S W Gilmore

Place of Business, S. Howard St *Address* 315 ~~Light~~ St

R. W. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30223

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hurst

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Six (6) *Months,* Twenty (20) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 76 Canal Street

Cause of Death, First, (Primary.) Burns

Second, (Immediate.) Exhaustive ulceration

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

T. W. Shuman M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pierre Stanislaus Breton

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 4 2 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} France

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} No 33 Haw St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 7th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover

J C Bond M. D.
Medical Attendant.

Address 51 Hanover St

Written for Dr H. W. Wilson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 30225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester County Md.

Duration of Residence in the City of Baltimore, about 9 years.

Place of Death, {Give street and number.} 103 Wilson Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, 7 Feb

{*Undertaker,* J. Lewis

Place of Business, 105 Fee St

L. B. White M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Blum

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 81 *Years,* 6 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Store Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany 40 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 234 E. Caroline St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Feb 7th 79

Undertaker, Wm Eilau

Place of Business, 111 Gough St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 30227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kraft

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Myrtle Ave & Hoffman St

Cause of Death { First, (Primary,) } Convulsions
{ Second, (Immediate,) } all its Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 7th 1879

Undertaker, Geo W. Kraft

Place of Business, Myrtle ave

Thos A Lewis M. D.
Attended Deceased

Address, Coroners Office
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Dr Vansant

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Richeardneadt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eichsterick (Germanie Boheme)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor

Cause of Death { First, (Primary,) paralysi
Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 7th 1879

Undertaker, [illegible]

Place of Business, No 707 W Baltimore street *Address,*

F. A. Simmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Cole

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, four *Years,* ... *Months,* two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} No 118 N. Caroline St.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Croup

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 8th 2 o'clock P.M.

Undertaker, Geo. W. Williamson

Place of Business, 8 Union Sq.

Wm H Henderson M. D.
Medical Attendant.

Address, No 107 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Bloomer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 128 Hughes St

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 9th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover.

L. A. Buch M. D.
Medical Attendant.

Address 151 Hanover St

Written for Dr H. W. Wetherby

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* 7 *Months,* 28 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 207 Conway St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 8th 1879

D. A. Lowry M. D.
Medical Attendant.

Undertaker, Wm S Thacher

Place of Business, 150 Camden

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dunkin Ogle

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hull England

Duration of Residence in the City of Baltimore, 8½ years —

Place of Death, {Give street and number.} 176 Fulton Ave.

Cause of Death, First (Primary,) Puerperal Mania

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 8th February 1879

W. Cran Bibbon M.D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Address 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Dorndorf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Aged Mens home.

Cause of Death, First (Primary,)

Second (Immediate,) Suicide

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 8 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St

Geo C Ogle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 7
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Feb 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Ella Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 7 Chatsel Court

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Acute Laryngitis, Tuberculosis

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Dallis Ba Cty

Date of Burial, Feb 7th 1879

Undertaker, J Locke

Place of Business, Wolf St

R. F. Leonard M. D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Morey

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mount (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 8th 1879

Undertaker, Henry ~~Schaeffer~~ C. Middleton

Place of Business, [illegible] *Address,*

T. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on

Board of Health, City of Baltimore,

Permit No. 30236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

Date of Death, Feby. 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Queen

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57. Elbow Lane

Cause of Death, {First (Primary,) Capillary Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shay St

Date of Burial, February 7

{*Undertaker,* Hercules Ross

Place of Business, 96. Old Kay St

Van F. Garrett M.D.

Medical Attendant.

Address, 158. So Paca.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 625

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Grooms

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* — *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 42 Caroline st (South)

Cause of Death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 7th 1879

Undertaker, Thos. J. Locke

Place of Business, 73 Jefferson st

Thomas J. Evans M. D.
Medical Attendant.

Address, 99 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore . . . . . .

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30238

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 6th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas McColgan

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland, 51 years in

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 178 N. Calvert St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) — Heart disease

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 8th 1879

Undertaker, Joseph J Byrne

Place of Business, 69 S Liberty

Felix Mentz, M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[074...]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P Gra...

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Capt a Oyster Schooner Lizzie

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt 1 11

Duration of Residence in the City of Baltimore, all life Resides 16 Preston St

Place of Death, {Give street and number.} Falls opposite 90 West Falls Ave

Cause of Death, First (Primary,) Accidental Fall

Second (Immediate,) Fracture Cervical Spine (2nd Vertebra

Duration of Last Sickness, Instant death

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 9 1879

Undertaker, James P Byrne

Place of Business, No 63 Front St

Edm'd P Mc Cabe M.D.
Medical Attendant.

Address Corner N & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McDonald

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 12 Fell Street

Cause of Death {First, (Primary,) Heart disease

Second, (Immediate,) one hour

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 8 1879

Undertaker, M. A. Saigen

Place of Business, 74 Broadway

James Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza c Meany

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* female

~~Married, Single~~, Widow ~~or Widower~~, {~~Cross out the words not required in this line.~~}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 114 Edmondson ave

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) do

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 8. 1879

Undertaker, Wm Keenan

Place of Business, 707 N Eutaw St

J H Mein *M. D.*

Medical Attendant.

Address 155 Paget St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J Carter.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 36 *Years,* 5 *Months,* 16 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower.

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 50 N Bond st

Cause of Death, First, (Primary,) Laryngeal Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 8th

D W Cathell M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30243

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cicnarch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* ____ *Months,* ____ *Days.*

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 243 S. Broadway

Cause of Death, First, (Primary,) Pyaemia accompanied

Second, (Immediate,) by extensive ulceration of the neck.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Nicholas Cemetery

Date of Burial, Feb 8th

Undertaker, Henry Lenz

Place of Business, 252 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alicc Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30244

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malachia Watkins

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Union St. Harford Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} Near Union Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 8th 1879

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephess Trusty Moore

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~3 yrs.~~ 3 *Years,* 5 *Months,* 25 *Days.*

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, no occupation

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 5 monthe 25 days.

Place of Death, {Give street and number} 49 Dallas St.

Cause of Death, First, (Primary.)

Second, (Immediate,) pneumonia

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Mallas Street Burying Ground

Date of Burial, Feb 8th, 1879

A. F. Eisele M. D.
Medical Attendant.

Undertaker, Thos Lock

Place of Business, cor Spring & Jefferson

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

Date of Death, February 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Richter, Sandor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Teacher of languages.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hungary

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 265, Franklin Street

Cause of Death, First (Primary,) Influenza

Second (Immediate,) Paralysis of the lungs.

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery *Morris Wiener* M. D.

Date of Burial, February 9th 1878 Medical Attendant.

Undertaker, Wm Weaver *Address* 249, W. Fayette St.

Place of Business, No 202 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} In Burk

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~No~~ 30 East St

Cause of Death, {First (Primary,) Acute Cerebral Meningitis / Second (Immediate,) Asthma}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1879

Undertaker, Wm P. Dungee

Place of Business, 16 & 18 East St.

Same J Belt M. D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jordan

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 53 Pin Alley

Cause of Death { First, (Primary,) Cold

Second, (Immediate,) Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Skaggs St Cemetery

Date of Burial, Feb 8th 1879

Undertaker, Jas Brackelow

Place of Business, 150 Preston St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Dorsant D. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 80249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Wrightson

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 80 Years, — Months, — Days

Color, White.

Married, ~~Single, Widow, Widower,~~ { Cross out the words not required in this line. } Married

~~Occupation~~,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } [redacted] Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 283 Bank St,

Cause of Death, { First (Primary,) Phthisis Pulmonalis, Second (Immediate,) Six Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feby 9th 1879

Undertaker, Murphy & Co

Place of Business, 65 S Broadway

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

No. 30[illegible]

Board of Health, City of Baltimore,

Permit No. 30250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 7th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Allen Gaetjen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 27 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 382 Franklin St.

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Erysipelas

Duration of last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 9

Undertaker, M Caddigan

Place of Business, 220 Hillen st

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

Date of Death, February 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza. S. Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 52 *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 135 S. Sharp St

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate.)}

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 10-1879

{*Undertaker,* Henry Sands / *Place of Business,* 252 Canton Ave}

J. C. Buck M. D.
Medical Attendant.

Address 151 Hanover St

Written for Dr H. N. Metzger Jr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30252

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCan

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 President St

Cause of Death, First, (Primary.)

Second, (Immediate,) Debilitus

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 8 1879

Undertaker, Jas P. Bayne

Place of Business, Front St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Geo E. Taylor [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Remer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 4 Hubders Alley near Eager

Cause of Death, First (Primary,) Metritis with Peritonitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hampton Cemetery

Date of Burial, Feb 9

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reeder

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 645 Light St,

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 5 Years.

All the above information should be furnished by the Physician.

Place of Burial, ~~Cedar Hill Cem. Brooklyn~~ Loudon Road Balto County.

Date of Burial, Feb 8. 1879

Augustus W. Dodge M. D.
Medical Attendant.

Undertaker, P. F. Dill

Place of Business, 183 Columbia Ave

Address 201 Hanover St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiane Riehl

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* 5 *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N 87 Dover St

Cause of Death, {First (Primary,) General Miliar Tuberculosis

{Second (Immediate,) Meningitis cerebral Tubercul.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 8. 1879

{*Undertaker,* Ph. J. Dill

{*Place of Business,* 983 Columbia Ave

Henry Salzer M.D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30256

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Worthington Stoddard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* One *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 1 mo. & 9 days.

Place of Death, {Give street and number} Hoffman St. about Belair Rd.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Meningitis

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, February 10/79

Undertaker, Wm Frye

Place of Business, Fayette & Broadway

George A Vastman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 8025

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Adolph

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 268 S. Ann St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Croup

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, February 9th 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway.

M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30258

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A Hazelton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 0 *Years,* One *Months,* & 14 *Days.*

Color, Dark brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, { Give street and number } No 2 Etting Alley in rear

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Catarrh fever

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, W Pale Cemetery

Date of Burial, Feb 8th 1879

B F Tobin M. D.
Medical Attendant.

Undertaker, F A Kerchner

Place of Business, Conwell Cor Av *Address,* Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30259

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 30259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 Feb. A. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta L Lewelyn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} Front & Chase Sts.

Cause of Death, First, (Primary,) Inflamation Lungs

Second, (Immediate,) Pneumonia

Duration of last Sickness, Little days

All the above information should be furnished by the Physician.

Place of Burial, Meth Burying ground Philadelphia Road

Date of Burial, Monday afternoon

G. G. Rusk M. D.
Medical Attendant.

Undertaker, Geo Shilling

Place of Business,

Address, Balt. Md. L. 06.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 30260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1879 Finneyer.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City, 5 Months

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 26 Poultney St.

Cause of Death, {First (Primary,) Bronchitis, Capillary} {Second (Immediate,) Of}

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Feb 9th

{*Undertaker,* H. H. Trott

Place of Business, #131 Hanover St.

R. L. S. Ellis *M. D.*
Medical Attendant.

Address 36 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3026/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrie M. Diffenderffer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 N Calhoun St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Hydropericarditis – Albuminuria

Duration of Last Sickness, nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Wm H. Diffenderffer M. D.
Medical Attendant.

Date of Burial, Feb 9th 1879

Undertaker, A. E. Hughes *Address* 4 High St

Place of Business, 60 East Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Clair, Ireland

Duration of Residence in the City of Baltimore, Thirty Two Years

Place of Death, {Give street and number.} 102 1/2 N. Front St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Twenty Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery A F Healy M. D.

Date of Burial, February 9th 1879 Medical Attendant.

{*Undertaker,* James P Byrne

Place of Business, No 63 N Front St *Address* 188 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Tripp

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 10 Jew Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9 1879

Undertaker, S. W. Chase

Place of Business, 3 Howard St

J. Tyson *M. D.*
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Kellum

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* nine *Days.*

Color, Colored *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 706 Saratoga Street

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Convulsion

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9th 1879

J. R. S. Jordan M. D.
Medical Attendant.

Undertaker, Wm N. Dunger

Place of Business, No 10 Stockton Alley

Address 632 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30265

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT FEB 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 8th 1879. 2 o'clock

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schuch

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Seven (7) *Months,* One (1) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 77 E Biddle Street

Cause of Death, First, (Primary.) Eclampsia

Second, (Immediate,) ———

Duration of last Sickness, Seven hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

S W Selma M. D.
Medical Attendant.

S E Cor Eager & Caroline Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saddie Bell Hughes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Phila. Road Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Phila Road Residence Jos Hughes

Cause of Death, First (Primary,) Convulsions, Second (Immediate,) Convulsions

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, ~~Fay & Bro~~ Phila Road

Date of Burial, Feb 9th 1879

Undertaker, Fay & Bro

Place of Business, 54 N Broadway

E. W. Janney M. D.
Medical Attendant.

Address Canton

Boston & Patuxent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30267

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1853 9 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Tuttle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 67 *Years,* .. *Months,* . *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 140 Conway St

Cause of Death, First, (Primary,) ..... Second, (Immediate,) Consumption

Duration of last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Grn

Date of Burial, Feb 9 1879

J Whitman M. D.
Medical Attendant.

Undertaker, Chas T Symons

Place of Business, [illegible]

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8 - 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Wier Dawson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wyatsville Md.

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and number. } 361 Webster St.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Uremia -

Duration of Last Sickness, 8 days -

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C. John F. King M. D.

Date of Burial, February 10th 1879 Medical Attendant.

Undertaker, Chas. F. Stevens

Place of Business, 711 E. Baltimore St. *Address* 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Francis 1308

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wennerlein

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Hollins st near Mount st

Cause of Death First, (Primary,) Mal-nutrition

Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, February 10th 1879

Undertaker, Wm C Workman

Place of Business, S. Bond st

Edward A Cleary M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jas. Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 6 th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} This is his age according to his own statement but I am sure it is much greater that it is much greater

Age, 72 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 27 Carlton St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, Feb 9

Undertaker, Wm Danger

Place of Business, 10 Abraham Alley

James Bosley M. D.
Medical Attendant.

Address 319 N Adams St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30271

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stepney

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 179 West Ave

Cause of Death, {First, (Primary,)

{Second, (Immediate,) Catarrh

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, February 10

Undertaker, Hercules Bors

Place of Business, 95 Conway St

Thomas Cook M. D.
Medical Attendant.

Address, 126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnny Flinn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Eight *Months,* *Days.*

Color, Whit

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Union St.

Duration of Residence in the City of Baltimore, Two years an Eight months

Place of Death, {Give street and number.} Baker St. 2nd door West of Division

Cause of Death, First (Primary) Burn. Caused by falling into a bucket of boiling water

Second (Immediate,) Convulsions, due to Cerebral Congestion

Duration of Last Sickness, Twenty four hours —

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Febuary 11th 1879

Undertaker, Peter Hummert

Place of Business, 317 Mulberry St

A. C. Pole *M. D.*
Medical Attendant.

Address No 1. N. Broadway Ave
Nr. Douthill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

No. 30273

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Curtis Hulce McCord

Sex, Male or Female, {cross out the word not required in this line.} Female ~~Male~~

Age, ____ *Years,* ____ *Months,* 2 Mths ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 405 E. Chase Street

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Cyanosis

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Feb 10th 79

Undertaker, Hay W. Means

Place of Business, 145 ½ Gay St

Samuel E Donnelle M. D.
Medical Attendant.

Address, 222 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30274

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M Landers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number} 139 Ensor St

Cause of Death, First, (Primary,) Pistol shot thro head trans

Second, (Immediate,) Injury to brain & hemorrhage consequent

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 10th 1879

Edmund R Walker *M. D.*
Medical Attendant.

Undertaker, Hoy W. Mears

Place of Business, 45 N Gay St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Agnes Crowley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 3 3 *Years,* 1 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 S. Spring St

Cause of Death, {First (Primary,) Second (Immediate,)} Cardiac Hypertrophy + Dilatation Angina Pectoris.

Duration of Last Sickness, Ill 3 days - Suffering several years

All the above information should be furnished by the Physician.

Place of Burial, ~~St Patrick's~~ Holy Cross Cemetery

Date of Burial, Feb 10th 1879

Undertaker, James P. Byrne

Place of Business, No 62 So Front St.

Jno. J. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18—

No. 30276

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30276

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Hallings

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 772 W Balt st

Cause of Death, First, (Primary,)

Second, (Immediate,) Suicide

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 10th 1879

Undertaker, John L Hacker

Place of Business, 16 15th Camden st

Lewis Ayle Corner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rapp

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, Thirteen *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 121 Rodd St

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jul 10 1879

{*Undertaker,* Andrew Lee

{*Place of Business,* 118 ½ mid Alley

J E Rhem *M. D.*
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Tiffendal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 5 to 8 years

Place of Death, {Give street and number.} 45 South Arlington ave

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 10th 1879 H. N. Shultz M. D.

Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address* No 11. South Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30279

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Devndorf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 29 S. Eden

Cause of Death { First, (Primary.) Capillary Bronchitis
, { Second, (Immediate,)

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom Cem'y

Date of Burial, Febr 10th 79

Undertaker, Wm Eden

Place of Business, 101 Gough St

Abram M Amrich M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE FEB 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charley Heist

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 2 *Years,* —— *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 2 years & 10 mos

Place of Death, { Give street and number. } 3 N. Durham St

Cause of Death, { First (Primary,) Scalded by Hot Tea / Second (Immediate,) Convulsions }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, Feb 11th

{ *Undertaker,* John Kenney / *Place of Business,* 386 Orleans St.

E E Jordan M. D.
Medical Attendant.

Address, 220 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30281

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 10 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Henry Roach

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* 6 *Months,* 21 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country; (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire lifetime.

Place of Death, { Give street and number } 9 Salisbury Alley

Cause of Death, First, (Primary,) Scrofulous Diathesis

Second, (Immediate,)

Duration of last Sickness, Probably congenital

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 10th 1879

Undertaker, Wm. V. Berryer

Place of Business, No 62 East, st

D. W. Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30282

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Gainor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* — *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, — — —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md —

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 412 Lexington St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, ~~2~~ 2 months —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 11/79

W. E. Aikens M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 560 W Fayette St *Address,* 223 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30283

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Joseph Blattberg

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 6. little Broadway

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus CR Cemetery

Date of Burial, Feb 10th 1879

S. G. Dausch M. D.
Medical Attendant.

Undertaker, Peter Sale

Place of Business, 1611 Bal

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OAK SAFETY FILM

No. 30284

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Reese,

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Tobacco Stripper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give street and number} University Hosp.

Cause of Death { First, (Primary,) Pyaemia. / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 11/79

{ *Undertaker,* Jules Koehler

{ *Place of Business,* Cor Sharp & Coop

I L Powell, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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...ed to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie Sadler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 9 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 255 Forrest Street

Cause of Death, { First (Primary,) Second (Immediate,) } Inanition / Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyncan

J. S. Whiteford M. D.
Medical Attendant.

Address 195 Virginia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30286

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Hardiman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 56 William St

Cause of Death { First, (Primary,) Trismus Nascentium
Second, (Immediate,)

Duration of last Sickness, ~~8~~ 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 10

Undertaker, Armstrong & Dewey

Place of Business, *Address,*

D Gilchrist M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30287

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, unknown, (Found Feb 9th 1879)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Lautner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* a few days *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} unknown, found in a sewer, corner of ~~Castle~~ Lombard st. & Schroeder's

Cause of Death First, (Primary) ~~Castle~~

Second, (Immediate,) Congestion of Lungs.

Duration of last Sickness, unknown.

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 10th 1879

Undertaker, Jno F. A. Kuehnis

Place of Business, 503 Carroll Ave

Geo C Lyle Corner, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Shields

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 22 Philpot St.

Cause of Death, First, (Primary.) Childbirth

Second, (Immediate,) Puerperal Septicaemia

Duration of last Sickness, Ten deaths

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 10 1879

Undertaker, W C Wareham

Place of Business, 1798 Boneset

John S Lynch M. D.
Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30289 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Hanson Wilburn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 29 *Days.*

Color, White ~~Sex,~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 330 Madison Ave

Cause of Death, First (Primary,) Gastro enteritis (Diarrhoeal.)

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, Feby 11/79

Undertaker, Stewart & Maxwell.

Place of Business, 35 Park Ave. *Address* 274 Madison Ave

H. W. Owings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Salisbury Alley

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11th 1879

Undertaker, C. A. White

Place of Business, Granby St

Samuel Steward, M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Geo E. Taylor

No. 30291

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis C. Lois

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Upholster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 262 S Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the Stomach

Duration of last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 12th of Febry 1879

Henry Orth M. D.
Medical Attendant.

Undertaker, Ph. Ehrlich

Place of Business, 35 S. Eutaw St *Address,* 262 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary. 9th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Philips

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, — *Years,* — *2 Months,* 14 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 15 Cuba Smith St

Cause of Death, {First (Primary,) Spasms.
Second (Immediate,)

Duration of Last Sickness, 10 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 12th

{*Undertaker,* C. Stockbridge
Place of Business, 246 Eastern Ave

J. J. Sullivan M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30293

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Saffran

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 88 *Years,* 8 *Months,* 2 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 128 Pennsylvania Avenue

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Bronchitis

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 11th 1879

Martin Brewer M. D.
Medical Attendant.

Undertaker, George Saffran

Place of Business, 121 Biddle Ave *Address,* 68 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolph ~~Ryan~~ Schneider.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Patterson ave.

Cause of Death, First (Primary,) Catarrhal Pneumonitis.

Second (Immediate,) Sucking

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem C. F. Brown M. D.

Medical Attendant.

Date of Burial, Feb 10

Undertaker, C H Bizzard *Address* 241 Linden ave.

Place of Business, 201 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30295 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia M. Sneed

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County – Maryland

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 118 George St –

Cause of Death, First (Primary,) Bronchopneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 10th 1879

J. C. Gilbourn M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 47 Edmondson ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie, Estelle Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 14 *Months,* 2 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 41 Hamberg St

Cause of Death, {First (Primary,) Dentition & Gastritis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Feb 11 79

Undertaker, Anthony & Denny

Place of Business, No 2 63 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1309

[OVER.]

No. 30297

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 10 1879
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes J Matchinsky

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 211 Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung tis

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Berry Berry

Date of Burial, Feb 11 79

Theodore Cook M. D.
Medical Attendant.

Undertaker, Arthur & Berry

Place of Business, No 263 Light St

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Hicks

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 2 — *Years,* — *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 Parish Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Parish alley

Cause of Death, First (Primary,) ——— Second (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mt Clark Cemetery

Date of Burial, Feb 10 1879

Undertaker, S Wehrse

Place of Business, No 198 Howard

M K Warner M. D.
Medical Attendant.

Address Cor Townsend & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30299

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 " 11 Feb. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bukowski

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tender

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} ~~Hospital~~ Dept. Alms

Cause of Death, First, (Primary,) Delirium Tremens,

Second, (Immediate,) Edema of, Paralysis cordis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb. 12th 79

Undertaker, John C. Lahr

Place of Business, ~~Western Ave~~

T. Flatley M. D.
Medical Attendant.

Address, 455 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30300

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward F. Bennett

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Wh

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 136 Lee St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 11th 1879

{*Undertaker,* Joseph F Byrne

{*Place of Business,* Fayette St

R. J. Hall *M. D.*
Medical Attendant.

Address, 152 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 A. M. 9th February, 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Kirk Sinsabaugh

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, Two *Years,* *Months,* Sixteen *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, 2 years & 16 days

Place of Death, { Give street and number. } 135 Edmondson Avenue, Baltimore

Cause of Death, { First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, about Three days

All the above information should be furnished by the Physician.

Place of Burial, Old Bethel Wm. S. Short M. D.

Medical Attendant.

Date of Burial, February 11th 1879

Undertaker, Chas. F. Reese

Place of Business, 71 N. Eutaw

Address 148 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lines Bond

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 144 Tyson Street

Cause of Death, First (Primary,) Cerebro Spinal Fever

Second (Immediate,) Softening with Abscess

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, February the 11th 79

Undertaker, H. McJunkin Gray

Place of Business, 42 Hanover St

W. H. Logan M.D.
Medical Attendant.

Address, 42 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30303

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virgie E. Feller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 59 E. Spring St.

Cause of Death First, (Primary,) Cynanche Maligna

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four or five days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 12

Undertaker, H. Frank

Place of Business, 25 South

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} of John Droppman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} born in Prusse (Germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Corner of John and Valley sts

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 11th 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

T. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Kuhnert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Bond Street 237.

Cause of Death, First (Primary.) Phthisis

Second (Immediate,) Tuberculosis Pulmonum

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, February 12th

Undertaker, [illegible]

Place of Business, [illegible] 57

William Kunkel M.D.
Medical Attendant.

Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30306 / / Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeldinger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ... 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 14 Union St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Union St

Cause of Death { First, (Primary.) Pulmonary Congestion
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11th Feb

Undertaker, P. Kammert

Place of Business, 317 Mulberry

Address,

J. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30307

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Cadden

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Kaufmans Alley

Cause of Death { First, (Primary.) Scarlatina
Second, (Immediate.)

Duration of last Sickness, 11 ~~11~~ days

All the above information should be furnished by the Physician.

Place of Burial, St Patrickes Cem

Date of Burial, Feb 11th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,*

L. McMenamin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30308

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30308

OFFICE OF REGISTEAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 " 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Char Henry Mette

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* — *Days.*

Color, Wht

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saxony

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number} 54 S. Sharp

Cause of Death First, (Primary,) Aneurism. aorta

Second, (Immediate,) Rupture aorta

Duration of last Sickness, 2 yrs

All the above Information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Febry 12

Undertaker, John Teufel

Place of Business, 616 W. Balto St *Address,*

J. Hutton, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30309

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Huber

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 84 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Seamstress.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dale City Since birth

Duration of Residence in the City of Baltimore, 180 Hollingsworth St

Place of Death, {Give street and number}

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Marasmus.

Duration of last Sickness, Two (2) years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Feb 12 1879

Undertaker, Henry Hook

Place of Business, 3 Pr Calvert Ave

Dr Kelly M. D.
Medical Attendant.

Address, S.E. Cor Eutaw & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Carey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Religious Brother

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Loyola college Calvert St

Cause of Death, First (Primary,) Cancer Tonsil

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Woodstock College

Date of Burial, February 12 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* No. 5 Franklin St

John Morris, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

No. 30

Board of Health, City of Baltimore,

Permit No. 30311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael E. Fitzgibbons

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Hod carrier.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 12 E. Madison St

Cause of Death {First, (Primary,) Phthisis. Pulmonalis, — Second, (Immediate,)

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, February 12th 1879

Undertaker, James A. Byrne

Place of Business, No 63 N. Front St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. MURPHY & CO., CITY PRINTERS AND STATIONERS.

OVER.

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 30313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie I. Kehoe

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltv. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 97. Granby st

Cause of Death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, February 11th 1879

Undertaker, James A Byrne

Place of Business, No 63 Green St

P. J. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 30313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 9 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James J. Kehoe

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 97 Granby st,

Cause of Death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, February 11 1879

Undertaker, James P Burne

Place of Business, No 63 N Front St

P. G. Daniel, M. D.
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled up, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara J Burg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 367 Hanover

Cause of Death, {First (Primary,) Bronchitis Inflammation of Larynx

{Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park. J G Hamm M.

Date of Burial, Feby 12th

Undertaker, F. Miller

Place of Business, 86 N. Paca St. Address 20

Extract from Regulations of the Board of Health to secure a Vital Statistics in the City of Baltimo

SECTION 2. And be it further enacted and ordained, That whenever any person shall d Physician who attended during his or her last sickness, or the Coroner, when the case comes hours after the death to the Undertaker or other person or persons superinten same can be ascertained, the full name, sex, age and condition (w date of death, except in cases of births and deaths of illegitim

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Elizabeth Rawlings

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* — *Months,* two *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word is not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 193 Argyle Ave

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 11th 1879

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Elias C. Price M. D.
Medical Attendant.

Address 262 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Rovell

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Cancer of Stomach
Second, (Immediate,) Exhaustion

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 12 79

Undertaker, Anthony & Denny

Place of Business, Anthony & Denny *Address,* City Hospital

J W Chambers *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schaffer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 379 O'Donnell St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 12th 1879

Undertaker, Joh Scheffer

Place of Business, No 183 N Central Ave

Wm Selbert M. D.
Medical Attendant.

Address, 379 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 mo. 10 th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane L. Davenport

Sex, Male or Female, {cross out the word not required in this line.} female.

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow.

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Her life

Place of Death, {Give street and number} No 1 Harford Avenue

Cause of Death, First, (Primary.) Congestion of Spinal Cord.

Second, (Immediate,) ____

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, February 12 th 1879

W. Riley M. D.
Medical Attendant.

Undertaker, Wm. O. Weaver

Place of Business, No. 202 N. Eutaw St. *Address,* 47 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Manley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 50 *Years,* ~ *Months,* ~ *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State of country, (and how long in the United States if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 283 E. Biddle St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, February 11. 1879

Undertaker, M. A. Daiger

Place of Business, 744 S. Broadway

Geo. A. Warnour M. D.
Medical Attendant.

Address, 301 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK STATE

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1879 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Edward

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 28 S. Bond St

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febry 11, 1879

G. A. Lusk M. D.
Medical Attendant.

Undertaker, M. A. Dazer

Place of Business, 74 S. Broadway

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 30821

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin James

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, col

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va.

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number.} 600 Lond St.

Cause of Death, {First (Primary,) Intemperance / Second (Immediate,)}

Duration of Last Sickness, 6 mos —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. — Dr. J. Lecturer

Date of Burial, February 10 1879 ..... M. D.
Medical Attendant.

Undertaker, James Brackston

Place of Business, 150 Preston St *Address* Back Bay Dis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane McDonald

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, probably about 45 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 2

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 130 Lee

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L M Washington *M. D.*
Medical Attendant.

Address, 319 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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ermit No. 30323

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jackson Farr

Sex, Male ~~or Female~~, {Cross out the werd not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} 3 Webb St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Hamarrage from lungs -

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 13th 1879

{*Undertaker,* Henry W. Mears
Place of Business, 45 N Gay St

Claud Van Bibber M. D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Finn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland — 29 yrs

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number} 6. Bank St

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Feb 13 1879

Undertaker, H. W. Means

Place of Business, Gay St

Thomas A Clemens M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

Permit No. 30325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip R. Alexander

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* ~~—~~ *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Editor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 17½ yrs

Place of Death, {Give street and number} 46 Penn

Cause of Death, First, (Primary,) Heart Disease,

Second, (Immediate,) Convulsions of Lungs

Duration of last Sickness, 6 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, Feb 12 1879

Undertaker, H Wehrase

Place of Business, 40 198 Howard St

Louis M Cushman M. D.
Medical Attendant.

Address, 349 Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leander Taylor

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 12 *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shetter Alley Balto. Md.

Duration of Residence in the City of Baltimore, 1 year 12 days

Place of Death, {Give street and number.} 21 Walnut Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Lovel Cemetery

Date of Burial, 11 Feb 11 1879

Undertaker, William N Dorsey

Place of Business, No 62 East Street

W. H. Norris M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosanna Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Calvert County Md

Duration of Residence in the City of Baltimore, 2yrs

Place of Death, {Give street and number.} No 9 Rice St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician

Place of Burial, Druid Cemetery

Date of Burial, Feb 12 1879

Undertaker, William N Donzo

Place of Business, No 62 East Street

J. L. Ogbhart M. D.
Medical Attendant.

Address 219 N. Carey St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y. 9. 79.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ely Frances Bailes

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* — *Days.*

Color, Blk

~~*Married,* *Single,* *Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and number } 55 Linden Ave

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) }

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Feb 11 1879

Undertaker, Wilhelm Bonzo

Place of Business, No 62 East Street

Wm Tell Eastman *M. D.*
Medical Attendant.

Address, 54 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 30329

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Comish & Wm Tolson Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 238 West 6th

Cause of Death { First, (Primary,) Asthenia

Second, (Immediate,) .....

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 11 1879

Undertaker, F. A. Kerchner

Place of Business, S. Carrollton Ave.

Thomas A Clemens M. D.
~~Hospital Attendant.~~

Address, County Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Vanvant

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

Date of Death, February 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brigitte Magan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Welshmad (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley

Cause of Death First, (Primary,) Asthma

Second, (Immediate,) exhaustion

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 12th 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

L McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reilly

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Meko (Ireland)

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poo
cor. John and Valley sts

Cause of Death { First, (Primary,) ..... Second, (Immediate,) General Debility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 12th 1879

J. McOsmer *M. D.*
Medical ~~Attendant~~.

Undertaker, H Schuelhues

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Jamar

Sex, Male or Female, { cross out the word not required in this line. }

Age, Three *Years,* Five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 46 West Mount St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, February 12th 1879

Undertaker, Haughton & Co

Place of Business, 65 S Broadway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 80333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 24 Potomac St

Cause of Death, First (Primary,) Combustion superficies of skin 24 hrs

Second (Immediate,) Tetanus

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick County.

Date of Burial, Feby 12th 1879

R. E. Lemmon M. D.
Medical Attendant.

Undertaker, Hughes & Co.

Place of Business, 65 & Broadway

Address 24 S. Potomac St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ House 4 weeks

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 13. 1879

Undertaker, Saml Bowers

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dash

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 14 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lancaster St opposite Canton Park

Cause of Death, First (Primary,) # Cleft Palate

Second (Immediate,) Lunatic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetary

Date of Burial, February 12th 1879

Undertaker, H. H. Gebmeyer

Place of Business, 341 Canton ave

J. H. Prautin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT FEB 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Volk

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Liquor dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 504 W Lombard St.

Cause of Death, First, (Primary,) Del Tremens.

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Feb 12th 1879

J. H. Keller M. D.
Medical Attendant.

Undertaker, P B Cook

Place of Business, No 707 W Baltimore Street *Address,* 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30337

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 10. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Millers Wharf,

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowning.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, February 11

{*Undertaker,* Patrick Mullin / *Place of Business,*}

D. C. Ireland M. D.
Medical Attendant.

Address 190 Aliquippa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 30338

OFFICE OF REGISTRAR OF VITAL STATISTICS

1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Star

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty five Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} East Mallory Wharf.

Cause of Death, First (Primary,) Drowning.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C. & P. Cemetery

Date of Burial, February 11

Undertaker, Patrick Mullin

Place of Business,

D. C. Leland M.D. M. D.
Medical Attendant.

Address 190 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Walter Meyer

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ One *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No 275 Chapel St

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greisted Cemetery

Date of Burial, 12 February

Undertaker, John Hersey

Place of Business, 356 Orleans St.

Wm. L. Kunst M. D.
Medical Attendant.

Address, Broadway E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30340 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren Hannan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Twenty-Nine Years, Five Months, Eleven Days

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During life except a few years in Carroll Co. Md

Place of Death, {Give street and number.} No 7 Little Rose St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Nearly two Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 12. 1879

Undertaker, W. J. Jones Corey

Place of Business, 45 Mulberry St.

J. L. Kean M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 30341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly Shaffer Dettmar

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 17 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } #396 N. Eden St.

Cause of Death, First, (Primary,) Acute Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 13th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lyman

Geo. H. Hartman M. D.
Medical Attendant.

Address, #306 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Watson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 95 Division

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, Three Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 13th 1879

Undertaker, Wm B Weaver

Place of Business, No 202 N. Eutaw St *Address,* 248 Penna Ave

W. H. McGee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 30343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Henry,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, Years, 19 Months, Days.

Color, Colored Sex, Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 40 3 Duncan Alley.

Cause of Death, First (Primary,) Syphylis

Second (Immediate,) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Feb 12 1879

Undertaker, John W. Locke

Place of Business, — Wolf St

Geo. A. Kammon M. D.
Medical Attendant

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 30344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis H. Rossel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 43 Stockton St

Cause of Death { First, (Primary,) Meningitis, (Simple)
Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feby 13th 1879

Undertaker, L. Cremmers Reinicke

Place of Business, 230 E. Balto St

D. G. Keller *M. D.*
Medical Attendant.

Address, 89 Aliceneth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30345 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Chapman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 4. *Months,* 14 *Days.*

Color, Colored *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 45 Arch St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) ———

Duration of Last Sickness, Two week

All the above information should be furnished by the Physician.

Place of Burial, Lt Peters

Date of Burial, Feby 12th 1879

Undertaker, I. C. Larsen

Place of Business, Park St

J. Zepp M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 30346

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward P. Regan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 18 Vincent Street

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 13th 1879

Undertaker, Hy H. Mears

Place of Business, 45 N. Gay St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Alice Hepburn Gardner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 89 South Street

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, February 13, 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Alex. T. Shaw M. D.
Medical Attendant.

Address, 41 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30348

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva May Bauer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Infant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1410 E Fayette St

Cause of Death, First (Primary,) ....

Second (Immediate,) Epithelial Croup

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 12. 1879

Undertaker, M. A. Saiger

Place of Business, 74 S. Broadway

J. M. Audie M. D.

Medical Attendant.

Address. No 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30349

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1895
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A Kirby

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1275 E. Lombard

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 13. 1895

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 30350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE
1879

CERTIFICATE OF DEATH.

Date of Death, February 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Clarke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None ~~224 Hudson St Canton~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 224 Hudson St Canton

Duration of Residence in the City of Baltimore, From birth,

Place of Death, {Give street and number.} 224 Hudson St Canton

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feby. 12. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E. Gray *M. D.*
Medical Attendant.

Address 195 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 30351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Heckman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 216 Aliceanna St

Cause of Death, First, (Primary,) Scrofulous diathesis

Second, (Immediate,)

Duration of last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 13th 1879

Undertaker, Lockard & Myers

Place of Business, 1 Lexington St & 278

John H Kelsberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No: 30352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 12
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Friel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 27 Randall

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 13 1879

Undertaker, D Tarr

Place of Business, 147 Light St

Steven Cook M. D.
Medical Attendant.

Address, 146 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30353.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustin Schaffer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 958 N. Gaels St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Great Homes St Stephens

Date of Burial, 13th inst

Undertaker, Kinmont

Place of Business, Shirley St

Geo. W. Dixon M. D.
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 30354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1879 REGISTRY DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Feb. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Bernhard L

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 11 *Years,* 5 *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 36 St Mary st

Cause of Death, { First (Primary,) Diphtheritis

Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 13. 1879

{ *Undertaker,* Jno. J. Andrews

Place of Business, Druid Hill Avenue

W. H. Heltmann M. D.
Medical Attendant.

Address 120 East st. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 30355 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A. Butler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Twenty-four *Years,* —— *Months,* —— *Days.*

Color, Mulatto *Sex,* ——

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Newtown Va.

Duration of Residence in the City of Baltimore, Twenty-three years

Place of Death, { Give street and number. } No. 67 Perry St.

Cause of Death, { First (Primary,) Cold — Second (Immediate,) Consumption

Duration of Last Sickness, Three years —

All the above information should be furnished by the Physician.

Place of Burial, Wharf of Lunacy

Date of Burial, Feb. 13/1879

F. B. Gardner M. D.
Medical Attendant.

{ *Undertaker,* J. W. Chase
{ *Place of Business,* Harwood

Address 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Krem

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 133 N. Schroeder St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) "

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 14th 1878

Undertaker, J B Scott

Place of Business, No 707 W Baltimore street

Thos Opie M.D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 30357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stine

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Berks

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 12th 1879

Undertaker, I B Cook

Place of Business, No 707 N Baltimore Street

J. L. Powell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

Permit No. 30358

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Huggins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* 1 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, School-boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C,

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 45 Whitecoat St Baltimore

Cause of Death {First, (Primary,) Malignant Scarlet fever

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Febry 13 79

G. H. Simms M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* Co. Sticker & Pinaton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 30359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Lang

Sex, Male or Female, { cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Domestic Nurse

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 15 Green st

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Phthisis

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feby 14th 1879

Theodore Cook M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30360 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ezekiel Mans

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single,~~ Widow or Widower { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } 86 S Durham

Cause of Death, { First (Primary,) Bright Disease

Second (Immediate,)

Duration of Last Sickness, 7 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, Feb 13/79

Undertaker, John W. Locke

Place of Business, No 59 S Wolfe st

Geo. L. Kingsmon M. D.
Medical Attendant

Address 73 E Fratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 30361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Burns

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Coffee Sampler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Long Island N.Y.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 22 Thames Street

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 13th

Undertaker, Henry Lander

Place of Business, 252 Linton Ave

Chas. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 30362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9 " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Richardson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, one *Years,* — *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 60 Vincent Street near Lexington & Saratoga St

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 " 1879

James Allen M. D.
Medical Attendant

Undertaker, W. N. Dungen

Place of Business, East St.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Das Vansant

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 30363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Stredder

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 139 Waleone Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Abscess in the head

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Feb 13th 1879

Undertaker, Hercules Rose

Place of Business, Conway St

J. Thomas Helm M. D.

Address, Comm'o of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 30364 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

Date of Death, February 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Jennings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 4 hours Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 Ramsay St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 28 Ramsay St,

Cause of Death, First (Primary,) Birth

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician

Place of Burial, Mount Clair

Date of Burial, 13th February 1879

Undertaker, Phil Dill

Place of Business, 183 Columbia ave

A. W. Coleman M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 30365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Febr

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Hanson Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 53. Greenwillow St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Spasms & coma

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 13 Febr

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St.

Charles A Geiger. M. D.
Medical Attendant.

Address No 267 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 30366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PR... TE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEA...

Date of Death, February 11, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Maxwell Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Six *Months,* Twenty six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 476 E. Chase St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Hydrocephalus

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 14 1879

Undertaker, [illegible]

Place of Business, [illegible]

Wm. H. Claudius, M. D.
Medical Attendant.

Address, 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

[0741.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 30367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cordell

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 55 Chris St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 79

Undertaker, Owens & Pattillo

Place of Business, 225 S. Eutaw St

A. Leonard Smith M. D.
Medical Attendant.

Address, 146 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30368 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jackson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 22. Wayne St — near Green

Cause of Death {First, (Primary,) Second, (Immediate,)} Paralysis — (8 days) 4 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 13 1879 James A Steuart M. D.
Medical Attendant

Undertaker, Hercules Rodes

Place of Business, Conway St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by J. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Parron

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Calvert Co Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 50 Parrish St

Cause of Death, {First (Primary.) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Short Hill Church Town

Date of Burial, Feb 13 1879

Undertaker, H. P. Dungan

Place of Business, No 62 East St

W K Warner *M. D.*
Medical Attendant.

Address Cor Townsend & Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Vera Edmonston

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} # 308 N. Ann St.

Cause of Death, First, (Primary.) Teething following Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 14th 1879

Geo A Hartman M. D.
Medical Attendant.

Undertaker, Wm J Screven

Place of Business, 211 Eutaw

Address, #305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 30371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

Date of Death, 12 Feb. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Ryan

~~Sex, Male or Female,~~ {Cross out the words not required in this line.}

Age, 0 *Years,* 13 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 48 Preston st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 13th 1879

Undertaker, Elias Scherer

Place of Business, 211 N Eutaw st

G Lane Tanneyhill M.D.
Medical Attendant.

Address, 129 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Dorsey.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White ~~Sex~~,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, many Years

Place of Death, {Give street and number.} Barnum's Hotel.

Cause of Death, First (Primary,) Pneumonia followed by Erysipelas. Second (Immediate,) from both of which she endeavored but died from Asthenia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb 14 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Chas. Stewart, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE FEB 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febmary 12, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Glenn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker Master

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 224 William

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Phthisis

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 1st 1879

Theodore Cook M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 5 & 7 N Eutaw St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name — {Dennis & Margaret Fichtelburger's Parents}

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* one day *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} x

Occupation, x

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~since~~ during life

Place of Death, {Give street and number.} 166 German Street

Cause of Death, First (Primary,) debility

Second (Immediate,) Convulsions

Duration of Last Sickness, four hours

All the above information should be furnished by the Physician.

Place of Burial, Loyal Heat Congregation

Date of Burial,

Undertaker, Wm Jacobi

Place of Business,

C Friedman M. D.
Medical Attendant.

Address 88 E Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 303785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Welsh

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 26 Madison St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Asthenia

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 13 1879

F. E Shatard M. D.
Medical Attendant.

Undertaker, Wm P Bayne

Place of Business, 63 Front St

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Bremer.

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 254 N. Front St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } as 254 N. Front St.

Cause of Death { First, (Primary,) Mesenteric Consumption of the Intestines
Second, (Immediate,) Catarrh 4 Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 12 1879

Undertaker, James S Byrne

Place of Business, No 63 N Front St

Edward Kendrick M. D.
Medical Attendant.

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 30377

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph G. Hoppert.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cabinetmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 years in U. S.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} No 157 Sterling St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Lobar Pneumonitis.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 14 1879

Undertaker, John Henning

Place of Business, 352 Orleans St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 210 N. Broadway

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No: 30878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Fleckenstein

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 167 E Lombard St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Softening of Brain

Duration of last Sickness, about 7 years

All the above information should be furnished by the Physician.

Place of Burial, St Helena Cemetery

Date of Burial, February 15th

Undertaker, John Henrich

Place of Business, 382 Orleans St

Felix Glenn M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 30379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Chas Sauerland (Parents)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 91 N. Amm St

Cause of Death { First, (Primary,) Premature Birth (8 mos.) / Second, (Immediate,) Inanition

Duration of last Sickness, all its life weak & delicate

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 15th 1879

Undertaker, A. Kuehled

Place of Business, E. Lombard St

James A Steuart M. D.
Medical Attendant.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulehan

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Izaiah Kennard

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single, Widow*~~ *Widower* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del.

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number.} 91 Canal Alley

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,) "

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 13th Feb 1879

{*Undertaker,* Wm H Gray

Place of Business, 45 Hanover St

Eldridge C. Price M. D.

(Medical Examiner.)

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 30381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6.35 A.M. February 12. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willard Oliver Bracco

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* 11 *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 11 mo 12 days

Place of Death, { Give street and number } 10 Bolton Alley

Cause of Death, { First, (Primary,) Diptheria / Second, (Immediate,) Suffocation

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Feb 13th 1879

Undertaker, [illegible]

Place of Business, [illegible]

H. Boyd Wylie M. D.
Medical Attendant.

Address, Townsend & Argyle Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 13. 1899.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha May Sidonia Dickerson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 118 Hubbard St. Locust Point

Cause of Death, First (Primary,) Teething —

Second (Immediate,)

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 14, 1899

Undertaker, M. A. Daiger

Place of Business, 714 S. Broadway

J. J. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Chandler

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac Co Va

Duration of Residence in the City of Baltimore, About Eight Years

Place of Death, {Give street and number.} # 19 Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever - 14 days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14

Undertaker, J. P. Davis

Place of Business, 113 Eastern

R. H. Bell M.D.

Medical Attendant.

Address. 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 3384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Febuary 12 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Williams

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 6. *Years,* ~~6~~ 1 *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 641 Light St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) ~~7 days~~.

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 14th 1879

Undertaker, B. Hark

Place of Business, 41 Light St

J. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland, Allegany Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 52 Exeter Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 17th

Undertaker, H. Trostle

Place of Business, 246 Eastern Ave

M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Grimmel Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 19 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 177 Forest st

Cause of Death, {First (Primary,) tubercular Meningitis

Second (Immediate,) Coma

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial,

G. Liebmann M. D.
Medical Attendant.

Undertaker, Kaufs Barthel

Place of Business, 62½ W Baltimore St

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 30387

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th Feb

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Higgins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Methodist Minister

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 70 Cathedral St

Cause of Death, {First (Primary,) Chronic cerebral Disease with pneumonia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 15th Feb 1879

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

Jeffries Buchanan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 30388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTER'S DEPARTMENT
1879
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Moore

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co., Md.

Duration of Residence in the City of Baltimore, Fifty two years

Place of Death, {Give street and number} No 347 N. Bond St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Cerebral Softening

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Country

Date of Burial, 15th Feb 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

H. H. White, M. D.
Medical Attendant.

Address, 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

Date of Death, Feb 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andre Wes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #290 S. Ann St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cemetery

Date of Burial, Feb. 15th 79

Undertaker, C. M. Evans

Place of Business, 220 Eastern Ave

John H. Ruhberger M. D.
Medical Attendant.

Address, 24 3 Alice Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Burns

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 16 mos

Place of Death, {Give street and number} 140 Carey st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Old age

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Feb 14th 1879

G. H. Patterson ..... *M. D.*
Medical Attendant.

Undertaker, Chas. G. Sowers

Place of Business, 271 N. Eutaw St *Address,* 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thallus Davis Freleman

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Forty seven *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Examiner in Stock Patent Office Washington

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Philadelphia Pa

Duration of Residence in the City of Baltimore, about Forty years

Place of Death, {Give street and number.} 156 George St

Cause of Death, {First (Primary,) Second (Immediate,)} Diabetes Millitus

Duration of Last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 14th 1879

Undertaker, Edwd T Seamon

Place of Business, 27 W Baltimore St

D L Rice M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Reed

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 23 yrs in America

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Gangrene of Abdomen

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feby 15 1879

Undertaker, Henry Heeth

Place of Business, 129 Eastern Ave

Alan J Carey M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Clphus

Sex, Male ~~or Female~~ {Cross out the words not required in this line.}

Age, 18 *Years,* 8 *Months,* 6 *Days*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Memphis (Tenn)

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} 1. 16. Spring St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 14 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Feb 14th 1879

Undertaker, Thos. J Lees

Place of Business, 73 Jefferson

G. W Thayson M. D.
Medical Attendant.

Address, 18 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

Date of Death, February 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella L. Wade

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 221 N Durham St

Cause of Death {First, (Primary,) Acute Bronchitis / Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Dallas St Cem~~

Date of Burial, ~~Feb 14th 1879~~

Undertaker, ~~Free & Locke~~

Place of Business, ~~73 Jefferson~~ *Address,* ~~Fayette~~

Wm L Reese M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassie Nyburg.

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, Five ~~Years~~ *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 630 N. Baltimore St.

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Other Cemetery Prospect Edward P. Ward M. D.

Medical Attendant.

Date of Burial, Feby 14

Undertaker, Chas Hollander Son

Place of Business, 22 W. Pratt Ste. Address 242 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to

Board of Health, City of Baltimore,

Permit No. 30396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Barry

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Eighty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 53 Lee City Or

Cause of Death, { First, (Primary,) Old age - (Senility.) Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, February 15th 1879

Undertaker, Wm H Kirkman

Place of Business, No 284 Gay

D. C. Ireland M. D.
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 30397

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

Date of Death, Feby 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. H. Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 4 *Months,* ..... *Days.*

Color, ...

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 402 Eutaw Place

Cause of Death, {First (Primary,) Chronic cerebral Disease with paralysis (Second,) {Second (Immediate,)

Duration of Last Sickness, Short two years

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Feb. 14th 1879

Undertaker, Wm Deutkins Son

Place of Business, & 16 Light St

Rufus Bucklew M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit — 1811

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jany Chesler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No [redacted] Pleasant St

Cause of Death { First, (Primary,) Second, (Immediate,) } Apoplexy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 15th 1879

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians is respectfully invited to the Remarks below, also to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 30399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} not named Annie Grote Francis J. Grote Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 hrs. Years. Months. Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} cor Washington & Gough sts

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 14th

Undertaker, Esh. Schlenker

Place of Business, 214. Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 112 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James A. Henderson

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } 331 E. Baltimore

Cause of Death, { First (Primary,) } Paralysis

{ Second (Immediate,) }

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 15th 1879

{ *Undertaker,* M. A. Bayer

{ *Place of Business,* 74 S. Broadway,

E. J. Cross *M. D.*

Medical Attendant.

Address, 210 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Woman {Sarah F Clark, Nelson Clark (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Six hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 125 Elliott St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 125 Elliott St

Cause of Death, {First (Primary,) Premature birth — The mother

{Second (Immediate,) is in very bad health —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 14th 1879

{*Undertaker,* Thos J Porter

{*Place of Business,* 73 Fulton St

E. I. Williams M.D.
Medical Attendant.

Address 67 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Salmon

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Cedar

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 121 S. Durham St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 15th 1879

Undertaker, Leonard Kurz

Place of Business, 277 S. Bond St

James A Lewis M. D.

~~Medical Attendant~~

Address, Comm of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by—

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Pierpont

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Beggar

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 1 Oally

Cause of Death First, (Primary,)

Second, (Immediate,) Accidental

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Feb 15 79

Undertaker, A. Weedemeyer

Place of Business, 378½ Balto St

Geo C Ople Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 14 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Biggar

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Basket-Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No. 26 W. Spring st.

Cause of Death { First, (Primary,) Tubercular Consumption
Second, (Immediate,) Pneumonia

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 16th 1879

Wm. L. Murrell *M. D.*
Medical Attendant.

Undertaker, Keen & Berdel

Place of Business, 29 N. Eutaw

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eschbach Minnehan,

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, about 30 minutes *Years,* ~~~ *Months,* ~~~ *Days*

Color, White,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 575 W. Fayette St.

Cause of Death, { First (Primary,) } Man Strangled by Twisted Head,
{ Second (Immediate,) } Fractured Body, Instrumental Delivery

Duration of ~~Last~~ Sickness, under the first advice on mother.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 15th

Undertaker, Hughes & Co

Place of Business, 55 E Fayette St

Jno. D. Kemp M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 30406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dean Smith.

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 0 *Years,* 10 *Months,* 20 *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 76 E. Pratt St. Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 76 E. Pratt st

Cause of Death, First (Primary,) Rubeola

Second (Immediate,) Capillary Bronchitis & Congestion of Brain

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 14 1879

Undertaker, James O Byrne

Place of Business, No 63 No Green St

Jno F Powell M.D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Richard Steele

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* Three *Months,* 13 days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 385 McHenry Street

Cause of Death, First, (Primary,) Pneumonia's

Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Private graveyard Baltimore county near Hereford

Date of Burial, Feb 15th 1879

Chas W. Wolf M. D.
Medical Attendant.

Undertaker, J. H. Cook

Place of Business, No 707 N. Baltimore street *Address,* 306 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 15
1879
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Crina May Sanders

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 20 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number} 98 N. Spring St

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) Convulsions

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 15 1879

Undertaker, William Monroe

Place of Business, 62 East Street

J. J. Lewis M. D.
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Attention of ... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 30409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Williams

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westmoreland Co Va

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 35 Druid Hill Ave

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, Feb 16 1879

Undertaker, Wilhelm Berger

Place of Business, No 62 East St

Saml S Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED FEB 15 1879 BALTIMORE

Permit No. 30410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob R. Ashby.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 15th 1879

{*Undertaker,* Jos. B. Blackistone & Son

{*Place of Business,* No 606 W. Balto St.

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 20411

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 mo. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stewart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Mechanic — Stone cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number} 228 Aisquith St.

Cause of Death, {First, (Primary,) Paralysis / Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Batt Cemetary

Date of Burial, Feb 16th 1878

Wm Riley M. D.
Medical Attendant.

Undertaker, Wm H. Buckman

Place of Business, 1223 Bank

Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sauerwine

Sex, Male or Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 121 Conway St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Feb 16 1879

Undertaker, Geo Schulting

Place of Business, Aisquith St

J. H. Cuney M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15M 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Morgan Bellemer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 446 E. Baltimore

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Inflamation of brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 16th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

E. S. Dorsey M.D.

Medical Attendant.

Address, 606 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent Gillespie

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* Thirteen *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 34 Thames St.

Cause of Death, {First (Primary.) Burns; Second (Immediate.) Collapse

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. D.C. Ireland M. D.

Date of Burial, Feb. 16th

Medical Attendant.

Undertaker, Vendelin Dippel

Place of Business, 1. Bond St. 151 *Address* Coroner E.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bo[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th. February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabetha Leidel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ramsthal, Bavary, Germany

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} S. Eagle Street No. 122.

Cause of Death, {First (Primary.) Neuralgia facialis / Second (Immediate.) Apoplexia nervosa

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician

Place of Burial, N. Aisthonsas Cem.

Date of Burial, Feb. 17th

{*Undertaker,* Franklin Diffel / *Place of Business,* E. Bond St. 151

William Heuer M. D.
Medical Attendant.

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Sanders

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 65 Goodmans alley

Cause of Death { First, (Primary,) Second, (Immediate,) unknown

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 15th 1879

James A Steuart M. D.
Medical Attendant.

Undertaker, Hercules Rees

Place of Business, Conway St

Address, Comm of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Joseph Vansant

No. 30417

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Council

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 207 Strawberry

Cause of Death, First, (Primary,)

Second, (Immediate,) Pleurisy

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, February 16

Undertaker, Hercules 2057

Place of Business, 96 Lombard 91

Thomas Cooke M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Harnel.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* / *Months,* / *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} # 34 Chew St. Balto. Md.

Cause of Death, First (Primary,) Chronic Bronchitis.

Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 16th 1879

{*Undertaker,* John S. Weaver

Place of Business, # 22 W. Fayette St. *Address*

A. Coutts, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie May Bruckner

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— *Days.*

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 21 S. Gilmor St

Cause of Death {First, (Primary,) Premature Birth (8 mos

Second, (Immediate,) Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Feb 16th 1879

Undertaker, I. B. Cook

Place of Business, N. Bale St

James H Cleaves M. D.

~~North Charles~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

Board of Health, City of Baltimore,

Permit No. 30420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
1879
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Blackburn (Blackburn)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and number. } 380 Hanover st

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) }

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16 79

R. J. C. P. Ellis M. D.
Medical Attendant.

{ *Undertaker,* Anshion & Denig *Address* 315 Light st.
{ *Place of Business,* No 263 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE

Date of Death, Feb 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles. Ed. Sproul

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City.

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 200 Forest st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 17th

Undertaker, H. C. Medefield

Place of Business, 70 Greenmount Ave *Address*

S. F. Boyman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McDaniels

~~Sex, Male~~ or Female, {Cross out the words not required in this line.}

Age, 84 Years, — Months, Days

Color, wht

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Methodist Home of aged Franklin & Fulton

Cause of Death, {First (Primary,) phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17th 1879

{Undertaker, John Lake

{Place of Business, 161 E Balto St

G Lane Tanyhill M.D.
Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Leit

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 74 Pennsylvania Ave

Cause of Death, First, (Primary.) Cancer of the face

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Freedom Pa Cobleity

Date of Burial, 17 Feb 1879

Undertaker, [illegible]

Place of Business, 63 Druid Hill Ave *Address,*

S. J. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1312

No. 301211

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia An McCormick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nu

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 140 Cincinnati

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Pneumonia

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 17th 1879

J H Latimer M. D.
Medical Attendant.

Undertaker, Geo. T. Morrison

Place of Business, [illegible] *Address,* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE FEB 16 1879

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Clarke

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 yr

Place of Death, {Give street and number.} 167 Preston st

Cause of Death, {First (Primary,) Chronic Atrophy of the Liver
Second (Immediate,) Dropsy

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary Cem William Lee M. D.

Date of Burial, February 17th 1879 Medical Attendant.

{*Undertaker,* Chas F. Ferris *Address*
{*Place of Business,* 211 E Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFE

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Son of Sarah Emory

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* One Hour ~~Days.~~

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No. 91 Elvira St.

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Premature Birth

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 16 79

J. T. Smith M. D.
Medical Attendant.

Undertaker, Sam Chase

Place of Business, 198 S Howard St *Address,* 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Caroline Kumbel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 24 *Years,* 11 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore C. Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pearl Street 14

Cause of Death, First (Primary.) Miliar Tuberculosis

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wilson Cemetery

Date of Burial, 17 February

Undertaker, F. Kumbel

Place of Business. 60 Park St.

Dr. Reinhard M. D.

Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10428 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE FEB 16 1879

CERTIFICATE OF DEATH.

Date of Death, February 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Bunday

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, ~~Emigrant~~ Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State of country, (and how long in the United States if of foreign birth. } City

Duration of Residence in the City of Baltimore, 4 Mos

Place of Death, { Give street and number } 1289 N Dallas

Cause of Death, First, (Primary,) Congenital Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1879

Undertaker, Wm H. Dunge

Place of Business, No 62 East-H *Address,* 305 N Eastern Ave

Geo A Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Billy Webster

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, ~~ed~~

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chestnut 97

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1879

E. L. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. H. Burgee

Place of Business, 16 & 62 East Pratt *Address,* 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Barr

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 186 Mulberry St - Angle Pinckney

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1879

Undertaker, Wm H. Deuges

Place of Business, No 62 East St *Address,* Broadway

H. L. Rinehart *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 30431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Meads

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge, Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} Douglas st No 10

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of last Sickness, 11 Months & 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. J. Burgee

Place of Business, No 62 East St *Address,* 124 n. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Boslow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wayne St all his life

Duration of Residence in the City of Baltimore, 46 & Iceland St

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Dr. E. Blagett M. D.

Date of Burial, Feb 16. 1879 Medical Attendant.

Undertaker, S. W. Gibson

Place of Business, S. Howard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
1879
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number} 254 Central Aven.

Cause of Death, First, (Primary,) Emphysema of the Lungs

Second, (Immediate,) Dilatation of Heart, Dropsy

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Athens Sunday

Date of Burial, Febr. 18.

Undertaker, H. Schultheis

Place of Business, 261 Monument st.

A Brandhorst M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Benj. Bradford Lancaster

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 54 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 14 a Mulberry St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Feb. 17 — 1879

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St.

Richard Mc Sherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Bruce

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 4 One

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 16 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18, 1879

Undertaker, S. W. Chase

Place of Business, 8 Howard St

L. M. Eastman *M. D.*
Medical Attendant.

Address, Hoy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BOOLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1879

Full Nams of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Maria Geb

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemet

Date of Burial, 18 February 1879

Undertaker, Chas Coppuck

Place of Business, 65 Mercer *Address,* .....

..... *M. D.*,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily McCool

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 32 N. Chester St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 17 Feb 79

Undertaker, A. Leonhardt Sons

Place of Business, 205 S. Eutaw

Jn. Morris *M. D.*
Medical Attendant.

Address 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 18 Orleans St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, about 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, February 17 1879

Undertaker, James P Byrne

Place of Business, No 13 N Front St

D W Cathell M. D.
Medical Attendant.

Address 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Cox

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 144 Hanford Ave

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 17 1879

Undertaker, James P Byrne

Place of Business, No 62 N Front St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alex. Bigg

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredrick City Md

Duration of Residence in the City of Baltimore, All 6½ yrs

Place of Death, {Give street and number.} 22 N Caroline St

Cause of Death, First (Primary,) Intricapsular Fracture of left Femur

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17th

Undertaker, Fry & Son

Place of Business, 54 & Broadway

Chas. S. Kennemon M. D.
Medical Attendant.

Address 73 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 99

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Black

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 118 Castle St (S)

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonic Phthisis

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Emily Helen Cross

Date of Burial, February 17 M.

Undertaker, M Clark & Sons

Place of Business, 64 E Balto St.

C B Noble M. D.
Medical Attendant.

Address, 17 Warren Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health; City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Elizabeth Reese

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 788 W. Baltimore St

Cause of Death {First, (Primary,) scalded with hot water.
Second, (Immediate,)

Duration of last Sickness, 36 hours

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, the 17th Feb

Undertaker, P. Kinnat

Place of Business, 311 Mulberry

Louis D. Horn M. D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ference to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Caroline Wittauer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 408 Division St

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, the 18th Feb

Undertaker, P. Kimmel

Place of Business, 317 Mulberry

Signed J. H. Keller *M. D.*
Medical Attendant.

Address, 89 Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lud. & John Ridge

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 469 Central Ave

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,) convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 17th 1879

Undertaker, H. Hoeck

Place of Business, Central Ave

Thos A Newman M. D.
~~Medical Attendant.~~

Address, County of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H. Coulter

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Defert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Dresse-Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} in Kentucky (America)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First, (Primary,) Consomption

Second, (Immediate,)

Duration of last Sickness, about three months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 18th 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

T. A. Wearn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa O'Connel

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, Thirty three *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number} # 69 Parish St.

Cause of Death First, (Primary,) Malaria —

Second, (Immediate,) "Anemia"

Duration of last Sickness, I have attended about three wks - had several

All the above information should be furnished by the Physician. Physicians visits —

Place of Burial, St. Peters cemetery

Date of Burial, Feb 19th 1879

Undertaker, J B Cook

Place of Business, No 707 W. Baltimore Street

J. G. Smithcamm M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer Collinson Cassell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 228 N Fremont St,

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 18th 1879

John L Pennington M. D.
Medical Attendant.

Undertaker, H Cook

Place of Business, 707 W. Balto St.

Address 98 N Pearce St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Caroline Ebough.~~ Febr. 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Ebough

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 20 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 259 N. Eden St.

Cause of Death {First, (Primary,) Tubercler Meningitis

{Second, (Immediate,)

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18th Feb

Undertaker, A. J. Fink

Place of Business, North Gay

Louis C. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 7000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Pfitsch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (And how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 63 Henrietta St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18 79

C. B. Stoll M. D.
Medical Attendant.

Undertaker, Henry Briele

Place of Business, Henrietta 21 & 1 *Address,* 17 Hanover Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bopp

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 413 Light st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alexius Cem

Date of Burial, Feb 17th

Edward Cook M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 146 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Bentz

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 63 N. Chapel St

Cause of Death { First, (Primary,) Infantile
Second, (Immediate,) Convulsions

Duration of last Sickness, all it Life more or less

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 16 1879

Undertaker, H. M. Gibney

Place of Business, Courtland Av

James A Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. L. A. S

No. 30432

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Samuel Sindall

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Sixty Three *Years,* Nine *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Stove Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No. 64 North Broadway

Cause of Death, First, (Primary.) —

Second, (Immediate,) Pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 17th 1879

Wm H Clendinen *M. D.*
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 645 N Gay St *Address,* No. 107 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Harris

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 94 N Fulton Av

Cause of Death First, (Primary.) Exhaustion

Second, (Immediate,) Exhaustion & Marasmus

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 18/79

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

W. H. Keener M. D.
Medical Attendant.

Address, Michigan near Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arminius Hopkins Warfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Nine Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} No 427 ~~Calhoun~~ W. Carey St

Cause of Death, {First (Primary.) Bronchitis
Second (Immediate.) Capillary Bronchitis
Duration of Last Sickness, Few hours

Had not been seen by a Physician until the hour of person to death said to have had a bad cold for a few weeks previous but had gone to bed.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. A.C. Pole

Date of Burial, Feb 18th 1879

Undertaker, Jno. E. Chenault

Place of Business, Undertaker

Address No 1 N. Greenmount Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Frank Black

[OVER.]

No. 30455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Lamplein

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Forty eight *Years,* five *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, most of his life

Place of Death, {Give street and number} No 5 Bartlett St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) asthenia

Duration of last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial,

F. P. McCormick M. D.
Medical Attendant.

Undertaker, Cook

Place of Business, Baltimore St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Seal

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 5 Weeks

Place of Death, {Give street and number} 152 Greenmount Ave.

Cause of Death, First, (Primary.) Phlegmonous Erysipelas

Second, (Immediate,) & Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Monumental Cemetery, Pa. Cadwalader"

Date of Burial, Feb 18th 1879

Silas H. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Middefield

Place of Business, 90 Greenmount Ave. *Address,* 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 141

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie M Todd

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~~~~

Place of Death, {Give street and number} № 451 Light St

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Infantile Pneumonia

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Co Yard

Date of Burial, Feb 17th 1879

Undertaker, Wm J. H. Todd

Place of Business, 451 Light St

H C B Stith M. D.
Medical Attendant.

Address, 17 Warren Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit - 1315

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F Garrish

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 42 *Years,* 11 *Months,* 22 *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} No 455 Chase St

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Pneumonia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, February 19th 1879

Undertaker, Heughes & Co

Place of Business, 65 S Broadway

H C Hull M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 8014

Board of Health, City of Baltimore,

Permit No. 30459

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Woodford Mahoney

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 148 Gough St.

Cause of Death {First, (Primary,) Membranous croup

{Second, (Immediate,)

Duration of last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feby 18th 1879

Undertaker, Murphy & Co

Place of Business, 668 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor Jane Hollins

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} Forest Ave 58

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Feb 18th 1879

E C Baldwin M. D.
Medical Attendant.

Undertaker, J. McLocks

Place of Business, Wolf St

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth McCormick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} No 5. Hamilton St

Cause of Death, First (Primary,) Climacteric period

Second (Immediate,) Ovarian tumor

Duration of Last Sickness, Two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feby 18th 1879

Undertaker, John Thacker

Place of Business, 160 Camden *Address* 71 Franklin St

F. A. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30462

The Physician who attended any person in a last illness is requested to fill out the accompanying Certificate and deliver it, when filled out, to the Undertaker or other person superintending the burial, and to call at this office for a Permit for Burial, within forty-eight hours after death, or sooner, if requested so to do by the Undertaker or other person.

Coroner's Certificate

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S OR CORONER'S CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Lazarus

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 767 N. Balto St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Diphtheria

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Feb 18th 1879

Undertaker, M. Goldsmith

Place of Business, 53 High St

~~Medical Attendant~~ M. D.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Death Certificate

#30462

Died. Febr. 17th 1879
Date, Febr. 17th 1879
Name Sarah R. Lazarus
2 years 7 months old
Residence 767 W. Balt. St
Color white
Cause of Death Diphtheria
The Date Cause, Paralysis
Duration of Sickness 3 days

G. Liebmann M.D.
223 W. Lombard St

Burial to Edem St. Synagogue
Cemetery Philadelphia Road
Undertaker M. Goldsmith Res. 58 W. High St.

Board of Health, City of Baltimore,

Permit No 30463 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel A. Vansdum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* Six *Months,* Old *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Of Course

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Avenue

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} No 52 Essex Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion (being of a very delicate Constitution)

Duration of Last Sickness, About Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July. 18. 1879

{*Undertaker,* M. A. Dauger

{*Place of Business,* 74 S. Broadway.

A. Stewart M. D.

Medical Attendant.

Address 177 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 30464

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frank Shipley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 269 French n

Cause of Death, {First (Primary,) membranous Croup

Second (Immediate,) apnoea

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 17 1879

Undertaker, A Fiske

Place of Business, Gay St

F A Warner M.D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Schaefer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 12 *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire life-time

Place of Death, {Give street and number} 130 N Barlin st.

Cause of Death {First, (Primary,) Endocarditis, &c.

{Second, (Immediate,)

Duration of last Sickness, Abot three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febr 19.

Undertaker, John Keenig.

Place of Business, 299 Collins St.

D N Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary I. Keller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 2. 19 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and number} No 157 N Caroline St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Pneumonia.

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 18 1879

Undertaker, H. W. Means

Place of Business, Gay St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 P.M. 16th February, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Barker Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* ——— *Months,* Twenty Two *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland

Duration of Residence in the City of Baltimore, One year & twenty, Two days

Place of Death, {Give street and number.} No 23 Jordan Alley, 1st Balto City.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Saw the child about a week ago - supposes it has been suffering from whooping cough - have not been since

Wm I. Worth M. D.

Medical Attendant.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 18. 1879

Undertaker, Chas A Foster

Place of Business, 163 East 4th

Address 418 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoban

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cork Milford Ireland 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 Harford Ave

Cause of Death { First, (Primary,) Consumption of Lungs
Second, (Immediate,) about nine months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 19 th

{ *Undertaker,* L. C. Wedefeld
{ *Place of Business,* 90 Fremont Ave

John F. Monnthier M. D.
Medical Attendant.

Address, 5 th Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Brown

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nc

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charleston Va

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} 425 Boundary avenue

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Child Birth

Duration of last Sickness, Ins Days

All the above information should be furnished by the Physician.

Place of Burial, Charleston Va

Date of Burial, Feb 19 79

Undertaker, H C Middleton

Place of Business, 94 Fremont Av

J H Sutton M. D.
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Bapt 1316

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

Date of Death, February 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph M. Pinkney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* — *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Born

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 14 Green Willow Court

Cause of Death, First (Primary,) Inflam. of Bowels

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18th 1879

J. Gilmour *M. D.*
Medical Attendant.

Undertaker, The Jones Bros.

Place of Business, 45 Hanover St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Smith

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Left Mans Court No 3

Cause of Death { First, (Primary,) Mitral regurgitation
Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Feb 18 1879

Undertaker, Pat Mullen

Place of Business, Cambridge St

J. W. Chambers *M. D.*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...positively directed to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30472

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Dryden.

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 86. *Years,* 5 *Months,* 13. *Days.*

Color, White.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Snow Hill, Worcester Co Md.

Duration of Residence in the City of Baltimore, 72 Years.

Place of Death, {Give street and number} #69 Liberty Street.

Cause of Death { First, (Primary,) Old Age.
Second, (Immediate,)

Duration of last Sickness, One (1) Week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery. Shatzell Townsend Md.

Date of Burial, February 18th 1879

Undertaker, Wm Wearer

Place of Business, No 202 N. Eutaw St *Address,* #97 W. Charles St.

for Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Lock

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* " *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 159 Johnson

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] Theodore Lotz M. D.

Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30474

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 18 1879 BALTIMORE

Date of Death, Feby 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Purser

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* 5 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 7 S. Burke st.

Cause of Death, First, (Primary,) True Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, N. Stephens Cem

Date of Burial, Feb 18 79

Undertaker, Jordan Diffel

Place of Business, 1 Broadway 151

D. L. Dawson, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Le Bellaire

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 E C & Balto & Potomac R.R.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Westerns Cemetery

Date of Burial, Feb 19th 1879

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

W. H. Taylor M. D.
Medical Attendant.

Address, 1 Mc Causland Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cohee

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Born Md

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 32 S. Bond St.

Cause of Death, First (Primary,) Cerebral Embolism

Second (Immediate,) Asthenia & Asphyxia

Duration of Last Sickness, Abt 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18. 1892

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Chas. M. Cordell M. D.
Medical Attendant.

Address, 67 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Donohue

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 319 Albemarle St.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 18th 1879

Undertaker, Jas L Byrne

Place of Business, 63 Front St

Charles H Merkel M.D.
Medical Attendant.

Address, 69 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Crawford

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince Georges County Md

Duration of Residence in the ~~City of Baltimore~~, Institution 2 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, N. W. R. R. Cemetery

Date of Burial, Feb 17. 79

Martin Brown M. D.
Medical Attendant.

Undertaker, Jas. Safran

Place of Business, 121 Eutaw Place Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Coale

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 174 York St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18 1879

Thornton Coale M. D.
Medical Attendant.

Undertaker, S. McShane

Place of Business, No 198 Monroe *Address,* 174 Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

Date of Death, Jan. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named Name Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 313 Hamburg St.

Cause of Death First, (Primary.) Inanition

Second, (Immediate,)

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Laura Cemetery

Date of Burial, Feb 18. 1879

Undertaker, Samuel H Chase

Place of Business, 199 South Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Gorsuch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* Seven *Months,* 22 Twenty two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 93 Hanover St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Fair Smallpox

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 19th, 1879

Undertaker, Wm. R. Kitzmiller

Place of Business, 234 N. Gay St.

B. F. Phillips M. D.
Medical Attendant.

Address, 75 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17 - 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Loraine Barker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* One *Month,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor Camden & Paca Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Corner of Lee

Cause of Death, First, (Primary,) Congestion

Second, (Immediate,) Exhaustion

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 19th 1879

Undertaker, John S Thacher

Place of Business, No 150 Eastern Ave

C W Camden M. D.
Medical Attendant.

Address, 130 Cathedral St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Hudgins

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 Edmondson ave - Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 48 Edmondson ave

Cause of Death, First (Primary,) Bronchial Phthisis

Second (Immediate,)

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 20th '79

J E Gibbons *M. D.*

Medical Attendant.

Undertaker, Wm E Schmidt

Place of Business, Cor Hanover & Pratt

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be nscertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael F Kentz

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Forty nine 49 *Years,* Eleven *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Basket Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About forty years

Place of Death, { Give street and number } 58 Orleans St

Cause of Death, First, (Primary.) Hereditary

Second, (Immediate,) Consumption

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Ft Ch Green Cl

Date of Burial, February 20 1879

Wilson T Hodges M. D.
Medical Attendant.

Undertaker, Thos Hoch

Place of Business, 62 W. Central Av *Address,* Broadway & Mo Eldery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Berlau

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 52 *Years,* 5 *Months,* 2 *Days*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Potter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 27 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 178 Crop Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Febr 19th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Crop sts.

Henry Sadler M.D.
Medical Attendant.

Address, 165 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30486 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1879 at 11 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. G. Alsop

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 20 about *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 6 Sterett St. Baltimore Md.

Cause of Death, First (Primary,) Child Birth

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 19 1879

Undertaker, [illegible]

Place of Business, [illegible]

C. C. Richardson M. D.
Medical Attendant.

Address 102 West Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Ann Taylor

Sex, Male or Female, { cross out the word not required in this line. } F

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, { Give street and number } 20 E Monument St

Cause of Death { First, (Primary,) Tuberculosis

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 19th 1879

Undertaker, J. B. Coale

Place of Business, No 707 W. Baltimore Street *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank M Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Commission business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 41 S. Poppleton St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Chas E Sadtler M. D.

Medical Attendant.

Date of Burial, Feb 19

Undertaker, H B Cook

Place of Business, 707 West Baltimore *Address* 649 Penna Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Henry Brokt

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hanover - Germany

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, { Give street and number } Belair avenue

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Dropsy

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 20th 1879

E. J. Way M. D.
Medical Attendant.

Undertaker, C. Kunkel

Place of Business, No. 60 Park Ave. *Address,* 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Duvall.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Near Grundy P.O. Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 2 E Co Friend St Balto

Cause of Death First, (Primary,) Inflamation of Brain, causing

Second, (Immediate,) Convulsions

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 20th 79

Undertaker, Wm P Hughes

Place of Business, 60 East Balto *Address,*

Mcguire M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel, B. Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 37 Years, Months, Days.

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} 119 S. Bond, N.

Cause of Death { First, (Primary.) Rheumatism
Second, (Immediate.) Hypertrophy by Heart

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th 1879

Wm. L. Russell M. D.
Medical Attendant.

{Undertaker, Fry & Tro
Place of Business, 534 Broadway} Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bradley

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, colored *Sex,* Female

Married, Single, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 Albemarle St.

Cause of Death, First (Primary,) Bronchitis Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark's

Date of Burial, February 19

Shurtleff Brooks *M. D.*

Medical Attendant.

Undertaker, Hercules Lows

Place of Business, 96 Columbus St *Address* 128 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Joseph Boding

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 170 Marion St

Cause of Death, { First (Primary,) / Second (Immediate.) Pseud. Membranous Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Country

Date of Burial, 19th Febry 1879

Jas H. Gaskins M. D.
Medical Attendant.

Undertaker, H. W. Deaton's & Son

Place of Business, 16 Light St

Address 221 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

Date of Death, February 18th 11 P.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinandina Amelia Rodriguez (Bertha)

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 6 Eutaw Runway

Cause of Death, First, (Primary,) Hooping cough

Second, (Immediate,) Bronchitis

Duration of last Sickness, Since January 10th

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 20th February 79

Undertaker, John Tobin

Place of Business, 6 Eutaw

James E. Donnelly M. D.
Medical Attendant.

Address, 211 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kitty Nelson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 17 Camel Alley

Cause of Death {First, (Primary,) Rheumatism

Second, (Immediate,) do not know. No Physician attended

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 18 1879

Undertaker, Fred'k Kirchner

Place of Business, 50 S Carrollton Ave

Geo C Pyle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nicholas Morkfelt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ - 14 - Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 267 Riccanna st

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 20 Feb'r 1879

Undertaker, John C. Schuck

Place of Business, 265 Alleghany

Thomas J. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert M. Reddish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland 45 Yrs.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 460 Light St.

Cause of Death, {First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Febry 20th 1879

Undertaker, Hughes & Leo

Place of Business, 658 Broadway

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lenze Frohlich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 37 S. Fremont St.

Cause of Death, First, (Primary.) Acute Capillaire Bronchitis

Second, (Immediate.) Entero Colitis

Duration of last Sickness, about 3 weeks - but I was called in last night found child dying

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb. 21st

Undertaker, H. Frohlich

Place of Business, 246 Eastern Av

James E. Donnelle M. D.
Medical Attendant.

Address, 911 E. Fairmount St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Dorsey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 16 *Years,* 10 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Cathedral St Extended (No number)

Cause of Death, First (Primary,) Anaemia

Second (Immediate,)

Duration of Last Sickness, about Six months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Feb 20th 1879

Undertaker, Chas T Devine

Place of Business, 221 N Eutaw St

J. C. Fox *M. D.*
Medical Attendant.

Address, 109 W Madison St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Welsh

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 735 N. Eagle Street

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 19th 1879

Chas. H. Tefft M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 N Baltimore street *Address,* 306 N. Eagle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ful attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Halliday

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Florist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Calhoun St No. 403

Cause of Death, {First (Primary,) Congestion of Lungs
Second (Immediate,) Asphyxia

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 20

{*Undertaker,* C H Blizzard
Place of Business, 201 Penn Av

L. G. Sparrow M. D.
Medical Attendant.

Address N Stricker St No 427

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 30502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 3 am 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Satine Ethel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Widow

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 167 S Fayette St

Cause of Death, First, (Primary,) old age and General Prostration

Second, (Immediate,) Senile Marasmus.

Duration of last Sickness, One or two years, perhaps longer

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 20th 1879

G. A. Dohme M. D.
Medical Attendant.

Undertaker, Henry Hopman

Place of Business, 63 N. Eden st. *Address,* 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Otto Kolesch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 6 Aberfoyle

Cause of Death, {First (Primary,) enlargement of the heart

{Second (Immediate,) with emphysema

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Aylesbury Cemetery.

Date of Burial, February 21st

Undertaker, R Hark

Place of Business, 711 Light St.

M. D.
Medical Attendant.

Address 95 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30504

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

Date of Death, Feb 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Gross

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 3 *Months,* ~~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #1 N. Washington St

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 20th 1879

James H Keenan M. D.

Undertaker, A. Kogler

Place of Business, E. Lombard St *Address,* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by - E. Wenneman

[OVER.]

No. 30505

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Ward Lip

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 34 S Eutaw St

Cause of Death { First, (Primary.) Scarlet Fever and Brain Congestion

Second, (Immediate.)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 22

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30576

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S Green

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, *Years,* Ten *Months,* Six *Days*

Color, Colr.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1048 S Mary St

Cause of Death, {First (Primary,) Catarrh Fever — Second (Immediate,) Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, July 20th 1879

{*Undertaker,* [illegible]

{*Place of Business,* 65 Mulberry St

D E Green M.D.

Medical Attendant.

Address, 87 Marlborough St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30507

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ruttar

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Nine *Years,* One *Months,* Three *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, + +

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, Do not know 3 years

Place of Death, {Give street and number.} 78 Orchard st

Cause of Death, First, (Primary,) I did not attend the child, but I

Second, (Immediate,) know him to have been Tuberculous

Duration of last Sickness, & am satisfied died from Tubercular affection of lung

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 21st 1879

J. F. Neal M. D.
Medical Attendant.

Undertaker, W. M. James Gray

Place of Business, 5 Lombard st *Address,* 223 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30508

...ation of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30508,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fenwick

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} don't Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} don't Know

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Abdominal consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, February 18

Undertaker, Peter McCullin

Place of Business,

J. H. Gilmor M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30509

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...TH DEPART... FEB 21 1879 ...ALTIMORE...

CERTIFICATE OF DEATH.

Date of Death, February 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months* Four 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,) Spasm

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 21, 1879

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Anthony Brewer M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30510

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30510

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 14 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 21. 1879

Undertaker, Daniel Bowen

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 305[illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 30511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Grey

Sex, Male or Female, { cross out the word not required in this line. }

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number } 7 Gold Lane

Cause of Death, First, (Primary,) Scrofula Abscess in Hip Joint

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

[illegible] M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

Permit No. 30574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Gale

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St. Mary's County, Md

Duration of Residence in the City of Baltimore, since 1862

Place of Death, {Give street and number.} 258 Dallas St Mrs.

Cause of Death, {First (Primary,) Bright's Disease

{Second (Immediate,) .....

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20th 1879

{Undertaker, Wm. N. Dunge

{Place of Business, No 62 East St

E. B. Fenby M.D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC...

Permit No. 30573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev John Rebhan.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Missionary Priest, Congregation of Most Holy Redeemer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, About 5 Months

Place of Death, {Give street and number.} East Fayette St, S.E. Cor of Ausquith

Cause of Death, First (Primary,) ...

Second (Immediate,) Consumption

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery F. P. McManus M. D.

Date of Burial, Feb 21 st 1879. Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Av, *Address* 71 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

[illegible] Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Cann

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Feb 18th 1879 *Years,* Six *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Officers of Brick

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number} 122 S Bond St

Cause of Death, First, (Primary,) Haematuria & Nasal

Second, (Immediate,) Exhaustion (Hemorrhage

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Graveyard

Date of Burial, February 20th 1879

Whitfield Winn, M. D.
Medical Attendant.

Undertaker, H. & M. Gilmeyer

Place of Business, 341 Canton Ave. *Address,* 16 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30515

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastatia Kelsoe,

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} 429 E. Ave.

Cause of Death, First, (Primary,) Chronic Croup,

Second, (Immediate,) Asphyxia,

Duration of last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 20th 1879

Undertaker, H. McGuigan

Place of Business, 341 Eastern Ave.

G. L. Lack M. D.
Medical Attendant.

Address, Balto. & Md. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 221 N Durham st

Cause of Death { First, (Primary,) Acute Bronchitis
Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20th 1879

Undertaker, Theodore Fischer

Place of Business, 13 Jefferson st

Wm. E. Rauch M. D.
Medical Attendant.

Address, Broadway & Fredericks

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Ashby

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sage Co. Va.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 84 N. Spring St.

Cause of Death { First, (Primary,) Second, (Immediate,) Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Washington S[illegible]

Date of Burial, Feb 20th 1879

Undertaker, Theodore J. Lutz

Place of Business, 13 Jefferson st *Address,* 13½ Wilson St

L. B. Gaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1321

...ification of Physicians is respectfully invited to the remarks below, and to List of Diseases on b... ...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Maria Long

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 26 years

Place of Death, {Give street and number.} N. Dallas St. 29.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about Six years

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Cem.

Date of Burial, Feb. 21 79

Undertaker, Hamblin Diffel

Place of Business, 1 Broadst. 151 *Address*

C. Heibb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTER OF VITAL STATISTICS.

Permit No. 30579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blessing

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 87 E. Lombard St

Cause of Death First, (Primary,) ———

Second, (Immediate,) Tubercula Meningitis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cemet

Date of Burial, Feb 20th 1879

Undertaker, P. Medlin

Place of Business, Laundry St

M. D.

Medical Attendant

Address, ~~Comm. of Health~~ Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by B. Legg

EDWIN EARECKSON, Pharmacist,
Cor. Baltimore & High Sts.,
BALTIMORE, MD.

30519 Balto Feb 15th 1879

℞ This certifies that Mary Bersing died to-day at 4 P.M. of Tubercular Meningitis. She was under my professional care during the last 3 weeks and I attended her up to the time of her death.

J. W. P. Bates M.D.

Office Hours,
8 to 10 A. M. 2 to 4 7 to 10 P. M.

Dr. J. W. P. BATES,
No. 11 S. Exeter St.

No. 20

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James B. Stevens

Sex, Male ~~or Female~~; { Cross out the words not required in this line. }

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow, Widower~~, { Cross out the words not required in this line. }

Occupation, Stone Cutter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ecclan Shire, Ind

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 64 Wordyear st

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 21. 1879

{ *Undertaker.* C. H. Blizzard

Place of Business, 201 Penn. Ave

James B. Stevens M.D.

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. Tarsant

[OVER.]

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on Ba... ...TE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman J. Reitz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty Three *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} 359 Park Ave

Cause of Death, {First (Primary,) Symptoms of indigestion / Second (Immediate,) Heart disease, Valvular

Duration of Last Sickness, Nine hours

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem'y — Elias C Price M. D.

Date of Burial, Feb 21 1879 — Medical Attendant.

Undertaker, Thos L Hughes — *Address* 262 Madison Ave

Place of Business, 4th & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30522

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTIMORE TIME FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hydrick

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ Years, 2 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 270 William St

Cause of Death, First, (Primary,) Catarhal Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus R C Yard

Date of Burial, Feb. 21st 79

L. Harrington M. D.
Medical Attendant.

Undertaker, M Hasle

Place of Business, Light St

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ition of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba... ...ificate.

Board of Health, City of Baltimore,

Permit No. 30523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Peterson

Sex, Male or ~~Female~~. {Cross out the words not required in this line.}

Age, Two Years, Eleven Months, Seven Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 417 Lanvale st

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Twenty-one days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 21st 79

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway & 552 W. Fayette st

Julius A Hall M. D.
Medical Attendant.

Address, 317 Madison st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1879 BALTIMORE. HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Seth

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Furniture Wagon Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number} 153 William St

Cause of Death {First, (Primary,) Inflamation of the Brain

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cem

Date of Burial, 22nd inst

Undertaker, R. Harbin

Place of Business, 41 Light St

Geo. W. Jenson M. D.
Medical Attendant.

Address, 161 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... ...icate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie R J Sapp

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 466 Ft Avenue

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) convulsions

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ft Mifflin Cemetery

Date of Burial, July 22nd

Undertaker, C. Hall

Place of Business, 111 Light St

Augustus N. Dodge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30526

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30526

The Physician who att... any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or ot... superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to d... enalty of law.

No Pe... CITY. BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles D. Howard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 29 N. Dallas st

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Coma

Duration of last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb 22d 1879

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1909 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Henry Wilson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 151 N. Dallas St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 st

Undertaker, Wm W Madden

Place of Business, 336 N Howard st

Address, 137 Dolphin St

A. J. Gue Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Night of the 19th Feby. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jarrow

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No 42 Collins Valley.

Cause of Death, First (Primary,) Senility

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 21st 1879

Undertaker, W W Madden

Place of Business, 335 N Howard St

G H Lamb M. D.
Medical Attendant.

Address, No 42 Collins Valley

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Blanch Bayon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 11 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath Va

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 153 Raborg St.

Cause of Death, First (Primary,) ...

Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 1879

Undertaker, J H Chase

Place of Business, No 198 Howard St

H. F. Hill M. D.

Medical Attendant.

Address 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...n forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ... cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30530

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Johns

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Eleven *Years,* Five *Months,* one *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No. 312 Montgomery St.

Cause of Death, {First (Primary,) Debilitation / Second (Immediate,) Apoplexy

Duration of Last Sickness, one half hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 1879

Undertaker, J. H. Ware

Place of Business, Hanover st

F. D. Dyer M.D.

Medical Attendant.

Address, No. 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta H. Bansemer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fourty two *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 202 Hoffman St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, Fifteen years

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Feb 21

{*Undertaker,* C H Blanchard
Place of Business, 201 Park

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gosse Anno Jurlie,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White Sex,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Amsterdam, Holland,

Duration of Residence in the City of Baltimore, Thirty five Years.

Place of Death, {Give street and number.} 241 N Gilmore St. Baltimore Md.

Cause of Death, First (Primary,) Gastro-duodenal Catarrh.

Second (Immediate,) Hepatitis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 22nd 1879

Undertaker, John P Andrews

Place of Business, North Druid Hill Avenue

Address

Harvey Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 "1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murray

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 182 Mulliken St

Cause of Death { First, (Primary.) / Second, (Immediate,) Marasmus

Duration of last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22 "1879

{ *Undertaker,* Chas. A. White / *Place of Business,* Granby St }

James A Steuart M. D.
Medical Attendant.

Address, Comm'y of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

No. 30534

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cosgrove

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Tyrone Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} S. W. corner of Charles & Cross sts

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 22. 1879

Undertaker, Jas. F. Byrne

Place of Business, Liberty st

James A Steuart M.D.

~~Medical Attendant.~~

Address, Comm. of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. Tennant

[OVER.]

The Special Attention ... ate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

Date of Death, Feb. 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mc'Coy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 8 *Months,* + *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Stair Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 10 Strieker St (beyond Preetman St)

Cause of Death, First (Primary,) Phthisis Pulmonalis (rapid)

Second (Immediate,) —

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 22nd 1879

Undertaker, L. H. Blizzard

Place of Business, Penn. Ave

Richd Henry Thomas M. D.
Medical Attendant.

Address Cor. Eutaw & Biddle St
(formerly 434 Madison Ave)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Frank Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixteen *Years,* 10m *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Paper hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during whole life

Place of Death, {Give street and number.} 132 N Eutaw

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 21st 1879

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St *Address* 88 N Eutaw Ave

J. C. Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Catherine Hunt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1114 S. Dist Street

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, February 21st 1879

Undertaker, H. H. Gilmeyer

Place of Business, 841 Eastern Ave

Annie C. Hunt M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30538

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George V. Stutz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 306 Custer ave

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) do —

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 23d 79

Undertaker, Mc. Francis

Place of Business, 280 Canton Ave

W. D. Johnson M. D.
Medical Attendant.

Address, S. E. Forgetter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Rodier Lafferty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 276 E Monument

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 23rd 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Ged B Reynolds M. D.
Medical Attendant.

Address 4 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30 5240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Employee Oyster House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 217 S Ann St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, all 34 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 23 February 1879

Undertaker, John C. Gluth

Place of Business, 26 Attorney

Geo. A Kummerow M. D.
Medical Attendant.

Address 73 E. Pratt St

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30541

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21 st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mightson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, ~~Years~~, 1 Months, — 11 — Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 283 Bank st

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, — 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel County

Date of Burial, Feby 22 nd 1879

Undertaker, Haughey & Lee

Place of Business, 65 & Broadway

Thomas B. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30542

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barry H. Heller

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto county Md

Date of Burial, February 22nd 1878

M. D.
Medical Attendant.

Undertaker, Haughton & Co

Place of Business, 65 S Broadway *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30543

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30 52/3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Fisher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Midwife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 9 Howard Ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Feb 23 Theodore Cook M. D.

Medical Attendant.

Undertaker, Owens & Mutt

Place of Business, 225 S. Eutaw Address, 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 305414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Hayden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Pub Recder (Correspondent of the

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Edward

Cause of Death, First (Primary,) Consumption, Complicated with

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Feb. 23rd 1879

Undertaker, Theo J Locke

Place of Business, 78 Jefferson St.

A. E. Shen M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Frederick H. Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 51 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number. } No 36 N. Poppleton st.

Cause of Death, { First (Primary,) Congestion of Brain

Second (Immediate,) half hour.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Feb 22nd 1879

{ *Undertaker,* John J. Andrews

Place of Business, No 428 Saint Hill Ave

Albert Stephens, *M. D.*

Medical Attendant.

Address 427 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30546

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 380 Lawrence Street

Cause of Death, First, (Primary,) Physical debility

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Carrollton Carroll County Md

Date of Burial, February 22nd 1879

C. Wells M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 5 S & W. Baltimore St *Address,* 257 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1322

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Ernie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 Years, — Months, — Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Councilman's Wharf

Cause of Death, {First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 22 February 1879

Undertaker, John C. Schuh

Place of Business, 165 Aliceanna

D. C. Ireland M. D.
Medical Attendant.

Address Coroner E. Side

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10548

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 10548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastain Muth

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number} 192 Division St.

Cause of Death { First, (Primary,) Asthma
Second, (Immediate,)

Duration of last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cemetery

Date of Burial, Feb. 24 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

D. J. Keller M. D.
Medical Attendant.

Address, 84 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30549

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE

Date of Death, Feb 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A F Murray

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carrol County

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 10 Preston st

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Carol County

Date of Burial, Feb 22

Undertaker, C W Blizzard

Place of Business, 207 Pearl

A F Hunt M. D.
Medical Attendant.

Address, Corey & Redmans Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Born 1823

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Mercer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Vincent's Hospital

Cause of Death, First (Primary,) Ovariotomy

Second (immediate,) Septic Peritonitis

Duration of Last Sickness, since Feb 1, 1879

All the above information should be furnished by the Physician

Place of Burial, Camden Co N Carolina

Date of Burial,

Undertaker, James P Byrne

Place of Business, No 63 N Gay St

W. T. Howard M. D.
Medical Attendant.

Address 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1324 Hanover

No. 30551

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 30551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
FEB 22
1889
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14. 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Leitech

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 433 Cross st.

Cause of Death, First, (Primary,) Typhoid Malaria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudenbark cemetery

Date of Burial, February 23 1889.

C. L. Loudenbark M. D.
Medical Attendant.

Undertaker, F. Pole

Place of Business, 425 Cross street *Address,* 425 Cross st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 30552

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jenkins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Herb Doctor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State of Kentucky

Duration of Residence in the City of Baltimore, not Known

Place of Death, {Give street and number.} 10 Francis Court

Cause of Death, {First (Primary,) Dropsey

Second (Immediate,) .....

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 22 1879

Undertaker, A Wagman

Place of Business, 13 Saratoga St

James A Steuart M.D.

Medical Attendant.

Address, Baltimore Physician

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Examined by Geo E Taylor

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE FEB 22 1879

Date of Death, Feb. 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Celestus Redmon,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 7 *Years,* 2 *Months,* *Days.*

Color, Brown, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, child,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 192 Saratoga St.

Cause of Death, First (Primary,) Tubercular Brothesis,

Second (Immediate,) Tubercular consumption,

Duration of Last Sickness, About a year,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 23 1879

Undertaker, S W Shaw

Place of Business, S Howard St

W. P. Morgan M. D.
Medical Attendant.

Address 175 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 2½ PM

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Joseph

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tipperary Co Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} No 2 Eastern Ave

Cause of Death, First (Primary,) Rheumatism - Pul.

Second (Immediate,) Pneumonitis

Duration of Last Sickness, Four (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ballmore N. G. Keirle *M. D.*

Date of Burial, Feby 23d 1879 Medical Attendant.

Undertaker, Wm McLaurin *Address* Balt Special Disp-

Place of Business, Rose St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 10 *Months,* 26 *Days.*

Color, Colored

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 15 Valley Street

Cause of Death, {First (Primary,) Pulmonary Phthisis
Second (immediate,)

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 23 1879

{*Undertaker,* Wm N. Dunzel
{*Place of Business,* 462 East St

Charles H. Thomas, *M. D.* Medical Attendant.

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Jackson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} No 4 Edward St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Tuberculer Consumption

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 23d 1899

Undertaker, Wm. N. Dunges

Place of Business, 1662 East St

W. L. Russell M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30557

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, Feby 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Elizabeth Dunder

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 7 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 1 Yr 7 mos

Place of Death, {Give street and number.} 53 Oxford Ln

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)} —

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Feb 23d 1879

{*Undertaker,* Wm N. Dunger

Place of Business, No 42 East St}

Dr A. Gillis M.D.
Medical Attendant.

Address, 180 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis John Gosnell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 9 E Albemarle St

Cause of Death, {First (Primary,) Entiritis

Second (Immediate,) Cholera

Duration of Last Sickness, abt 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 23 1879

Undertaker, James L Byrne

Place of Business, N° 63 N Front St

Chas M. Morfit M.D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same cau be ascertained, the full name, sex, age and coudition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30559

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

Date of Death, Feby 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Neil

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Goldsborough N. Carolina

Duration of Residence in the City of Baltimore, About 2 mos.

Place of Death, {Give street and number} 145 S. Broadway

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalam Cemetery

Date of Burial, Febr 23th 79

Undertaker, Wm Eilau

Place of Business, 101 Gough St

R. W. Mansfield M. D.
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention o... ...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Worley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give street and number.} 270 Penna Avenue.

Cause of Death, First (Primary,) Cold

Second (Immediate,) Congestion of Lungs.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Quaker Cemetery *John Dixon* *M. D.*

Date of Burial, Feby 23d Medical Attendant.

Undertaker, J E Blough

Place of Business, 319½ Penna Ave *Address* 261 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30561

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22[illegible] 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Kelly

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, { Give street and number } 22 Amity St. (Y.)

Cause of Death { First, (Primary,) Hydritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 23rd 1879

Undertaker, H B Cook

Place of Business, No 707 W. Baltimore Street

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30562

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Adam Kröning

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — 60 — *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years —

Place of Death, {Give street and number.} No 42, North Durham st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Feb 24 th 1879

Date of Burial, Feb 24 th 1879

Undertaker, A. Kohler

Place of Business, 248 Lombard st

Thomas J. Evans — M.D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

No. 30563

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaret Hydrusitz

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 270 William St

Cause of Death, First, (Primary.) C. Bronchitis.

Second, (Immediate,) ~~4 days~~

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 24th

Undertaker, [illegible]

Place of Business, [illegible]

D. O. Harrington, M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30564

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bolz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 238 Williams St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia Typhoid

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, February 24 '79

Undertaker, B. Hurle

Place of Business, 111 Light St.

Thos. Morrison M. D.
Medical Attendant.

Address, 11 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Arthur Johnson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, Years, 16 Months, 11 Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 145 N Chesnut St

Cause of Death, First (Primary,) Pertussis et Pneumonitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Feb. 23

Undertaker, W. W. Madden

Place of Business, 335 Howard

Saml J. Bolt M.D.
Medical Attendant.

Address, 1314 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Estella Monroe

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give street and number} 84 N. Eden St

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Random Village

Date of Burial, Feb 25 th 1879

Undertaker, Wm. Dippel

Place of Business, 111 S Bond St

J D Emerson M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30567

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Woods

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ingurmahon (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Institution Little Sisters of Poor

Cause of Death {First, (Primary,) old age
Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 24th 1879

{*Undertaker,* Hay W. Mears
Place of Business, 416 N Gay St

F. A. Warner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Feb 24 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Gude

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 1 *Years,* 5 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 33 N Pine St

Cause of Death { First, (Primary,) Pulmonary / Second, (Immediate,) Convulsions

Duration of last Sickness, About 6 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 24th 1879

Undertaker, Hy W. Means

Place of Business, 43 N Gay St

W. Reuter M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

Date of Death, Feb. 22 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Heimiller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} 100 N. Bond St.

Cause of Death First, (Primary,)

Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 22

Undertaker, H. H. Schweyer

Place of Business, 341 Canton ave

A. A. Gerst M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H Steel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 9 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 666 W Fayette St.

Cause of Death, First, (Primary.) Cerebitary Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Prince Geos Co Md

Date of Burial, Feby 25/79

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address,* 1132 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Prince Geos Co Md

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 30571

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23d 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Mueller.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Wh

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number} 326 Hamburg St.

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, Feby 25th 1879

Undertaker, W. Seavald

Place of Business, 35 S. Eutaw St

D. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

Date of Death, Feb 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Sarah Tomlinson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Corner Dolphin St & Linden Av

Cause of Death { First, (Primary.) Gangrene Senilis

Second, (Immediate.) 5 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 24th 1879

Undertaker, John Johnson

Place of Business, Last Grand Valley

Address,

S. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma McMullen

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 43 *Years,* 2 *Months,* ..... *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, none wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 242 Eighth st

Cause of Death, { First (Primary,) ..... Second (Immediate,) Consumption

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 26 1879

H. B. Billingsley M. D.
Medical Attendant.

Undertaker, Henry Hoeck *Address* Harford ave

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Roderick

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } Parents Residence 80

Cause of Death, { First (Primary,) Bronchitis & Pneumonia / Second (Immediate,) Apnea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing, Howard Co, Md

Date of Burial, Feb 24/79

[illegible] M. D.
Medical Attendant.

{ *Undertaker,* A Wellemeyer
{ *Place of Business,* 578½ W Balto St

Address 90 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30575

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30575

FEB 25 1879 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lena Adams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~X~~ ~~/~~

Occupation, ~~X~~ ~~/~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 1504 E Fayette Street

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 25th 1879

Undertaker, Wm Eclair

Place of Business, ~~—~~

Jno E Donnelly M. D.
Medical Attendant.

Address, 212 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30576

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE FEB 24 1879

CERTIFICATE OF DEATH.

Date of Death, February 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara L. Succhesi

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Twenty Eight 28 *Years,* Six *Months,* Four *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 28 years 6 mos 4 days

Place of Death, {Give street and number} No 25 N. Holliman St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Gastric Fever

Duration of last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, New cathedral cemetery

Date of Burial, Feb 25

{Undertaker, J B Cook
{Place of Business, J B Cook

H E Jones M. D.
Medical Attendant.

Address, Woodbury P O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schweltze

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 30 S. Green St

Cause of Death First, (Primary,)

Second, (Immediate,) Heart disease

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 24th 1879

Undertaker, Blackistone & Son

Place of Business, 606 N. Balto St

M. D.

~~Medical Attendant~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

30577

Death Certificate

HEALTH DEPARTMENT BALTIMORE FEB 26 1879

Date of Death Febr. 23th 1879

Name William Schultze

Age 5 years 6 months

Color white

Sex male

Duration of Sikness 3 weeks

Cause, primary Kart Disease; mitral and tricuspidal Insufficiency

" immediate, Formation of Clot with Spasm of Heart

Place of Burial: Greenmount Cem 606 W. Balt. St.

Undertaker: D.B. Blackiston & Son

G. Liebmann (M.D.)

223 W. Lombard St

30 S. Green st

#30577

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number.} 8 Chesnut st

Cause of Death, {First (Primary,) Pertussis, &c.

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 24th 1879

{*Undertaker,* 234 N. Gay St.

{*Place of Business,* Wm. H. Herkelman,

D McCathell M. D.
Medical Attendant.

Address 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nurses & Childs Hospital

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) —

Duration of Last Sickness, 24 hours,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 27th

{*Undertaker,* C H Kyppard

{*Place of Business,* 201 Pennsylvania Ave

F. A. Ashton M.D.
Medical Attendant.

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30580

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Casper Ubergen

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* — 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married Single Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 300 Cross st

Cause of Death, First (Primary,) ....

Second (Immediate,) Convulsions

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 25. 1879

Undertaker, Julius Kochler

Place of Business, 5 Hanover st

James A Steuart M.D.

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jo. Vansant Supt.

No. 30581

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Walzl,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 S. Wash. St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Eclampsia

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran Cem.

Date of Burial, Feb 25 79

Undertaker, Chas. Grube

Place of Business, 1416 Eastern Ave.

H. H. Cook M. D.
Medical Attendant.

Address, Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30582

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lewis Vogelgesang

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 213 Battery Avenue

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 25 1879 J. O. Harrington M. D. Medical Attendant.

Undertaker, C. F. Kraus

Place of Business,

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30583

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Morris

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 0 *Years,* 9 *Months,* 0 *Days.*

Color, Dark brown

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number} No 7 L Pine st

Cause of Death, First, (Primary.) Cold

Second, (Immediate.) Pneumonia

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 25th 1879

Undertaker, [illegible]

Place of Business, [illegible]

B F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gaston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 17 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 142 Preston st

Cause of Death, First (Primary,) Jaundice

Second (Immediate.)

Duration of Last Sickness, 1 mo 17 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 24th 1879

Undertaker,

Place of Business.

S. H. Anderson M. D.

Medical Attendant.

Address Cor Pine & Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30585

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21 st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linaray

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 00 *Years,* Three *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 125 Division St,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 125 Division St,

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Wester Cem

Date of Burial, Feb 24

Undertaker, C & B Blizzard

Place of Business, 20 & Pow

Silas Bacon M. D.
Medical Attendant.

Address, 152 Druid St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Kelehan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 56 Cookie Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feby. 25. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway.

Charles H. Knaus M. D.
Medical Attendant.

Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Mabel Ludwig.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 20 *Months,* *Days.*

Color, White *Sex,* Son

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 250 N. Eutaw St.

Cause of Death, First (Primary,) Tubercular Diathesis

Second (Immediate,) Tubercular Phthisis.

Duration of Last Sickness, 4 or 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Shrewsberry

Date of Burial, Feb 25th

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

W. P. Morgan M. D.
Medical Attendant.

Address 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Daniel 1326

[OVER.

No. 30588

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City U S A.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} Low St No 91 Balto city

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Exhaustion.

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bald Cause Cy

Date of Burial, Feb 25th 1879

Undertaker, Geo Schultze

Place of Business, Aisquith St

James Ridgway Md M. D.
Medical Attendant.

Address, Low & Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Mann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* 2 *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 38. N. Sharp st

Cause of Death, First (Primary,) ..... Second (Immediate,) Phthisis pulmonalis.

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th 1879

Undertaker, Wm. Samuel Gray

Place of Business, 65 Mulberry st *Address*

A. Attwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30590

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Ewall

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 428 Alice Anne St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 428 Alice Anne St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 24th 79

Undertaker, P. O. France

Place of Business, 280 Canton Ave

Jno. W. Means M. D.
Medical Attendant.

Address, 7 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30591

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elesabeth Ann McCabbon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Marys st 1 door E of Penna Av

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Westerian Cemetray

Date of Burial, 25th ~~of~~ February

Undertaker, Wm W. Wearen

Place of Business, 129 North Paca St

J F Darling *M. D.* Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30592

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Neighbor Blake

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} but divorced from her husband

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} #427 E. Chase St.

Cause of Death, First, (Primary.) Aortic insufficiency and

Second, (Immediate,) Dilatation of heart

Duration of last Sickness, Many years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 25th 1879

Undertaker, Jno. H. Weaver

Place of Business, 22 W. Fayette St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, 306 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30593

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Patterson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, Colrd.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 121 N. Dallas st.

Cause of Death First, (Primary.) Pulmonary Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 25th 1879

Undertaker, Thos. J Lockes

Place of Business, 73 Jefferson St

C. A. Wilkins M. D.
Medical Attendant.

Address, 1121 E Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Marsh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 26

{*Undertaker,* C H Blizzard / *Place of Business,* 207 Penn ave}

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30595

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Col Braun Major

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Retired officer U S Army

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and number} 16 McCulloh st

Cause of Death First, (Primary,) Brights Disease of Kidney — Acute

Second, (Immediate,) Valvular disease of heart Depression of Nervous System

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb 25 1879

C Winslow M. D.
Medical Attendant.

Undertaker, H W Watkins & Son

Place of Business, 16 Light St *Address,* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1879

Board of Health, City of Baltimore,

Permit No. 30596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Otto

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 1 *Months,* 11 *Days.*

Color, white

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany (Baden)

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 156 Burgandy alley

Cause of Death, {First (Primary.) cancer of face

Second (Immediate,)

Duration of Last Sickness, about 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Alyosius Cem.

Date of Burial, Feb 26th 1879

Undertaker, A. Kibler

Place of Business, 1414 E. Fountain St

H. Albers M. D.
Medical Attendant.

Address 95 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

No. 30597

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund S Dwyer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* Nine months *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, his entire life

Place of Death, {Give street and number.} 39 Eager St

Cause of Death, {First (Primary,) Catalepsy

{Second (Immediate,) Bronchitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 26th 1879

Undertaker, Chas I Scrum

Place of Business, 271 W Eutaw St

W W Hammond M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S2

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel R Powell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Civil Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} 335 Lanvale st

Cause of Death First, (Primary.) Paralysis Genera

Second, (Immediate.) caused by age & infirmity

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb. 26th 1879.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Leo G Ayle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Blessing

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 87 E. Lombard St

Cause of Death { First, (Primary.) Consumption
, Second, (Immediate,) ———

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 25th 1879

Undertaker, Pat Mullins

Place of Business, Cambridge St *Address,* Comm of Health & Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Mother
100 S. Broadway St

Exam by Benedict Digges M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Butler

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, —— *Years,* 11 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 80 Jasper St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 25th 1879

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

J. A. Gillis M.D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3060

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3060/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gebhausen

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coach trimmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland Canada

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} No 28 Somerset St

Cause of Death, {First (Primary,) Tubercular Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Feby 26 1879

Undertaker, Henry Foos

Place of Business, 309 Canton Ave

Oscar J Cordery *M.D.*
Medical Attendant.

Address. 187 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30602

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Schaffer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Five (5) *Months,* Twenty four 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 171. Eutaw St

Cause of Death, First, (Primary,) Bronchitis Capillaris

Second, (Immediate,) Asphyxia

Duration of last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Halphensus Cem

Date of Burial, Feb 26 1879

Undertaker, Henry & Evers

Place of Business, 209 Eutaw Ave

S W Slaw M. D.
Medical Attendant.

Address 171 Eutaw corner Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30603

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30603.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25 — 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Anna Mallal

~~Sex, Male or~~ Female, { cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 12

Place of Death, { Give street and number } 53 Wash Market Space

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Asthma

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 26 1879

Undertaker, Thos S Hughes

Place of Business, 60 E Eutaw St

H W Brown *M. D.*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3 0 6 0 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, about 1 — Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maternite

Duration of Residence in the ~~City of Baltimore~~, Institution 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) congenital Syphilis

Second, (Immediate,) asthenia

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 27, 1879

Undertaker, Jamie Bowen

Place of Business 56 Division St

Martin Brown M. D.
Medical Attendant.

Address, 60 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* About 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ In Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 27. 1879

Undertaker, Saml Bowen

Place of Business, 157 Division St

Chas Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Feb 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Johnson

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ——— *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lemeam St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 6 Essex St

Cause of Death, {First (Primary,) Diphtheria. Second (Immediate,) Exostion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Luna A Bunnell County

Date of Burial, Feb 25th 79

Undertaker, M Trance

Place of Business, 240 Canton Ave

Medical Attendant. M. D.

Address, 280 Donnell st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30607

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McDonough

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... , Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, February 26th 1879

..... *M. D.*
Medical Attendant.

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30608

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hessen Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 67 S. Front St

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Paralysis

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 26th

Undertaker, Jacob Bucher.

Place of Business, 224 Canton Av.

[illegible] Cash M. D.
Medical Attendant.

Address, 207 [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Fri 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Abbott Torrance

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 28 Mulberry St

Cause of Death, {First (Primary,) Brights Disease

Second (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Feb. 27 1879

Undertaker, H.M. Jenkins & Son

Place of Business, 16 Light St,

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30610

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

Date of Death, Feby 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cole

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. W. Cor Donnell & Curley Sts

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} N W. Cor Donnell & Curley Sts

Cause of Death, First, (Primary.) Convulsions of Bowels

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 26th February

E. J. Wilson M. D.
Medical Attendant.

Undertaker, Eck. Schleaker

Place of Business, 214 Eastern Ave

Address, 14 Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Printed Notice on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louisa C. Pearce

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eight *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 2 Biddle St.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} No. 7 Norris Alley.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Marasmus and diarrhoea.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 25th 1879

E. N. Holbrook. M. D.
Medical Attendant.

Undertaker, Wm. H. Bungle *Address* 327 Lanvale St.

Place of Business, No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30612

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth F. Bennett

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ---

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, 5 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 27th 1879 [illegible] M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART. FEB 26 1879 BALTIMORE

Date of Death, Feby 25/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elezabetta Nicholson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania 60 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 213 N Dallas St

Cause of Death, {First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 26th

Undertaker, George Schilling

Place of Business, Ashland Square

J. A. Warner M. D.
Medical Attendant.

Address 256 N Dean St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 Feb 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Williams

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Lifeboat

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, — Lifetime

Place of Death, {Give street and number.} 18 Parrish Alley

Cause of Death, First (Primary,) Dis Uterus

Second (immediate,) —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetry

Date of Burial, Feb 26th 1879

Undertaker, Wm N. Dungee

Place of Business, No 10 Stockton Alley

H. K. Warner M. D.
Medical Attendant.

Address Cor. Townsend & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Thomas Lawton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 16 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} Saratoga st 96

Cause of Death, First, (Primary,) Mucous Consumption

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feby 25—

Undertaker, Sindall & Mann

Place of Business, 35 Park L

J. H. R. Wolfe M. D.
Medical Attendant.

Address, 28 N Gilmor N

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 26 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Bentley

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Green Ann's Co, Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 7 Cypress St

Cause of Death, { First (Primary,) Died of Heart

Second (Immediate,) Dropsy Hepatization

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Cemetery

Date of Burial, Feb 28 1879

Undertaker, John C Gordon

Place of Business, 63 Park Ave

J. Coffman M. D.

Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Jones

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 18 *Years,* 11 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Orchard St

Cause of Death, First (Primary,) Labour (Child birth)

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 27th

Undertaker, A. Wayman

Place of Business, 13 Saratoga St.

W H Hutton M.D.

Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30618

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* Fourteen *Days.*

Color col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Mulberry near [illegible]

Cause of Death, First, (Primary,) Cerebritis

Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 26th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Thos. J. Fales

Place of Business, 78 Jefferson *Address,* 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th Febr. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Otto.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 74 *Years,* — *Months,* — *Days*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 90 S. Wight St.

Cause of Death, {First (Primary,) Second (Immediate,)} Catarrh, gastroduodenal (Cholera) by days

Duration of Last Sickness, ab. 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Christ Church

Date of Burial, Feb 27 1879

Undertaker, Elisha Cox

Place of Business, Bank St

Dr O Kattmeier M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30620

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25. 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. S. Baughman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~ *Years,* four *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} In fant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 464 Penna. Ave. and Cook St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) "

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feby 27 79

Undertaker, [illegible]

Place of Business, [illegible]

J. J. Christian M. D.
Medical Attendant.

Address, 421 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Bailey.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 21 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 3 months Entire.

Place of Death, {Give street and number.} 7 Little Sue St. Edmonds

Cause of Death, First (Primary,) ———

Second (Immediate,) ———

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County.

Date of Burial, Feb. 27th 1879

Undertaker, W. H. Bishop

Place of Business, 97 Lombard Street

W. E. Morley M. D.
Medical Attendant.

Address 136 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30622

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 28 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Grier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 368 Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate,) Bright's disease of the Kidneys

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 27 1879

Thos. W. Smith M. D.
Medical Attendant.

Undertaker, B. Hauck

Place of Business, Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 30623

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. W. Pope

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty Two *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Commercial Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Low Apartments

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Died in Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial,

Undertaker,

Place of Business,

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3062

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 25 th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. J. Price

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Yrs. 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 233 Jefferson st.

Cause of Death { First, (Primary.) Entero-Spinal Meningitis

{ Second, (Immediate.) —

Duration of last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, February 27th 1879

Undertaker, Heughes & Co

Place of Business, 65 S. Broadway

G. L. Wilson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30620

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Jacobs

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 208 N. Bethel St.

Cause of Death {First, (Primary.) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 26 Feb 1879

{*Undertaker,* C. Eckhart

{*Place of Business,* 469 Canton Av

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

No. 30626

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A Fagle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 13 *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md Lifetime

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 101 Boyd St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) exhaustion

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 27th 1879

Undertaker, John S Mercher

Place of Business, 152 Lombard St

J Sutton Hall M. D.
Medical Attendant.

Address, 432 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George J. E. Sanford.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 10 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 348 Alice Anna St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager's

Date of Burial, February 26th 1879

J. H. P. Bates M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Address 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Devon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~[illegible]~~ *Years,* Nine *Months,* Twenty One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~[illegible]~~

Occupation, ~~[illegible]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 12 Bartlett

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 12 Bartlett

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebro Spinal Meningitis & Simply Inflammation

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 26th 1879

Undertaker, Hoy W. Mears

Place of Business 45 N Gay St

A P Cullen M. D.
Medical Attendant.

Address 133 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Menges.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saxonia, Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Duncan Alley 116

Cause of Death, {First (Primary,) Morbus Brightii / Second (Immediate,) Exhaustio 6 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel. Dem.

Date of Burial, Friday Feb 28th 1879

William Henkel, M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. *Address* S. Wolfe & Ms

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3065

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan G Kendall

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Ever

Place of Death, {Give street and number} 660 Saratoga

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 10 da

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 28 February

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

R M Coleman M. D.
Medical Attendant.

Address, Big Gun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30631

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hagan Jr

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 75 N. Wynnstay

Cause of Death {First, (Primary,) Angina membranacea

{Second, (Immediate,) Laryngitis

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 27.

Undertaker, John Herring.

Place of Business, 382 Orleans St. *Address,* 245 S. Patterson Pl

J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the [illegible]

11th ward

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Butler

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. } Male

Age, 16 Years, Months, Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 5 Barnes alley

Cause of Death, { First (Primary,) Hernia

{ Second (Immediate,) Convulsions

Duration of Last Sickness, I saw the child for the 1st time on Feb 24th - His mother states - that he had been always delicate & sick for 3 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery I. E. Lindsay M. D.

Date of Burial, Feb 26 1879 Medical Attendant.

Undertaker, John C Gordon Address 159 Park Avenue

Place of Business, 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Ph...

Board of Health, City of Baltimore,

Permit No. 30633, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Waters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* ~~Months,~~ ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} No. 2. Parrish Alley.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 27th

{Undertaker, W. C. Whitehurst

Place of Business, Northern

Marcen D. Humes M.D.
Medical Attendant.

Address 172 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 306

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 146 Gorsa Street

Cause of Death {First, (Primary,) Apoplexy
Second, (Immediate,) Coma

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 28th February 1879

Undertaker, Stewart & Monaghan

Place of Business, 32 Park ave. *Address,* for McCaul & A-

Attending Physician M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3063[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Wm. Cook

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One *Year,* One *Months,* *Days.*

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Glenmuren Alley 23

Cause of Death, { First, (Primary,) ; Second, (Immediate,) Pneumonia

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 27 79

Undertaker, Charles A White

Place of Business, 36 Granby St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Parsons

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5-2 *Years,* *Months,* *Days.*

Color, Col'd.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince Georges, Co, Md,

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number} 186 S. Howard St.

Cause of Death { First, (Primary,) Apoplexy.
Second, (Immediate,) about 12 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Feb 27 1879

Undertaker, J. H. Chase

Place of Business, No 178 Howard

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Lucken

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Seventy two *Years,* Three *Months,* Ten *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Charleston - South Carolina

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} 184 Redwood St -

Old Age

Cause of Death, {First (Primary,) / Second (Immediate,)} General debility -

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Feb 27 1879

Undertaker, H H Chase

Place of Business, 96 & 98 Howard

D E Shearer M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below. [illegible]

Board of Health, City of Baltimore,

Permit No. 30638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan M Shelton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman Amusement Co

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Henrico Va

Duration of Residence in the City of Baltimore. 9 Month

Place of Death, {Give street and number.} 164 Fayette Ave

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Richmond~~ Henrico Va

Date of Burial, Feby 25/79

Undertaker, Stuart & Mowen

Place of Business, 36 Park ave

Address 181 W Lanvale st

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special request by Dr H & S

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LITH. A. HOEN & CO. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Winter

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 64 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and number} 375 Penna Avenue

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28th 1879

Undertaker, John C Mackey

Place of Business, 150 London st

H Darling *M. D.*
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 27
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Green
William Green
(Parents)

Sex, Male or Female, {Cross out the words not required in this line.} Colored

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, City

Duration of Residence in the City of Baltimore, 4 Mos

Place of Death, {Give street and number.} 28 Hunt St

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 27th 1879

Undertaker, Thos J. Dicks

Place of Business, 739 Hanover St

..... *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Feb

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Roehle

Sex, Male or ~~Female~~, {cross out the word not required in this line.} ..... *Years,* ..... *Months,* ..... *Days.*

Age, 53

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 24 yrs

Duration of Residence in the City of Baltimore, 28 yr Past

Place of Death, {Give street and number} 28 Pearl St

Cause of Death {First, (Primary,) Pneumonia 4 days
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 2d March

Undertaker, Jno. Seufel

Place of Business, Balto & Hanover

Geo. N. Dawson M. D.
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Percival Ebough

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 30 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 N Gay st

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Twenty seven days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 28th 1879

{*Undertaker,* Henry W. Meads / *Place of Business,* 46 N. Gay st}

S. J. Laynes M. D.
Medical Attendant.

Address 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of This

Board of Health, City of Baltimore,

Permit No. 90643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bef. Blum

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 86 *Years,* — *Months,* — *Days*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} No 301 Lexington St

Cause of Death, {First (Primary,) old age

Second (Immediate,) Debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Ahab. Shalom Cemetery

Date of Burial, Feb 28th 1879

Undertaker, Wm. Eblau

Place of Business, 101 Gough St

Mary Salzer M.D.
Medical Attendant.

Address, No 5 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Lapp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1. *Years,* 6 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 278 N. Gay St

Cause of Death, First (Primary,) Scrophulosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2. Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, February 28 1879

Undertaker, Henry Hoeck

Place of Business, 967 N. Central Av *Address*

John A. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 30645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Sears.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Cty

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 553 Light St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feby 28th

Undertaker, B. Earle

Place of Business, 411 Light St

R. F. W. Tall *M. D.*
Medical Attendant.

Address, 152 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No 30646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 27 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maximilian Julius Engelman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 32 *Years,* 6 *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Neufadt. Baden. Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} N. Paca Street 22

Cause of Death, First (Primary,) Tuberculosis of lung.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 28 February 1879

Undertaker, F. Miller

Place of Business, 86 N. Paca St

[illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 27 1879 BALTIMORE

Date of Death, Feb 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Woods

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 93 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nearly whole life

Place of Death, {Give street and number.} 345 Saratoga st

Cause of Death, First (Primary,) Senile Dementia

Second (Immediate,) Asthenia of old age

Duration of Last Sickness, Dementia for 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 27

J. E. Gibbons M. D.
Medical Attendant.

Undertaker, C. H. Hazard

Place of Business, 201 N. Penn *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3064

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Tolson

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* Seven (7) *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 312 S. Howard st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb the 27

E. Michaux M. D.
Medical Attendant.

Undertaker, Owens & Whitby

Place of Business, 225 S. Eutaw

Address, 150 S. Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and the Law on the Subject.

Board of Health, City of Baltimore,

Permit No. 30649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Conrad Meister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany (30 Yrs in U.S.

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 135 Hanover St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Heart Disease

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1st

{*Undertaker,* Henry Brice

{*Place of Business,* Hanover St 81.

R. H. B. Ellis M. D.

Medical Attendant.

Address 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FILED
IMORE

Date of Death, Feb 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lucretia Stansbury

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 81 Welcome alley

Cause of Death {First, (Primary,) Cold & Exposure — Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Feb 28 1879

Undertaker, Hercules Rose

Place of Business, L. Paca st

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E Wenman

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA[illegible]

HEALTH DEPARTMENT BALTIMORE [illegible] 22 1879

CERTIFICATE OF DEATH.

Date of Death, February 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Kline

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, 3 Years, months Months, [illegible] Days.

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 30 Neighbor St.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} No 30 Neighbor St.

Cause of Death, First, (Primary.) Meningitis Tubercular

Second, (Immediate,) Convulsive Spasm

Duration of last Sickness, Dys. (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 28 1879

N. S. Kerr M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Howard St *Address,* Bal[illegible] Special Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ott.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 202 S. Charles St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, Sept 1st 1879

Undertaker, Charles Herbert

Place of Business, 16 Lexington St

H. E. D. Tabb M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30653

The Physician who attended an... ...de for th... ...of this Certificate, properly filled out, to the Undertaker or other perso... ...he ...rial, within *twenty-f...* sooner, if requested so to do, under pena... ...law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Ogier

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 341 W. Donogh St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Consumption

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 28th 1879

Undertaker, John H. Weaver

Place of Business, Fayette St

James A. Steuart M. D.
~~Medical Attendant.~~

Address, Board of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

#30653

HEALTH DEPARTMENT
FEB
27
1879
BALTIMORE

Wm Nicholas Ogier
341 N. Donaldson Ave
February 27th 1879 consti-
Consumption of Lungs
age 64 years

Geo F. Cordell M.D

Feb 27th 79

17

No. C

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 18 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hughes Bump

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~Years~~, 10 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 46 E. Chester St.

Cause of Death { First, (Primary,) Pneumonia
, { Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, ~~February~~ March 1. 79

{ *Undertaker,* M. A. Daiger
{ *Place of Business,* 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 30655 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

Date of Death, February 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Brice

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 49 Myrtle Av

Cause of Death, {First (Primary,) ... Second (Immediate,)} Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 2, 1879

Undertaker, Jos C. Gaw

Place of Business, 1710 E. Fayette

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

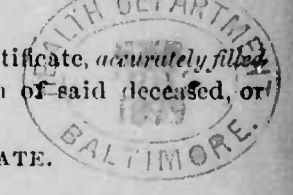
No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 30656

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O'Brien

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 13 yrs in America

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} St Joseph Hospital

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial,

Undertaker, H. Schultheis

Place of Business,

Oscar Heiser M.D.

Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 30657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hawkins

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* ... *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 126 S. Bethel St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, February 28th 1879 R. W. Mansfield *M. D.*
Medical Attendant.

Undertaker, H. M. Gebringer

Place of Business, 311 Canton Av. *Address,* 117 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Volkmuth.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 145 Canton Av

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, M. Methodist Prot.

Date of Burial, Feb 28

Undertaker, Henderson & Lind

Place of Business, 1. Bond st 151

John H. Rehberger M. D.
Medical Attendant.

Address, #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald Bean Redmond

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, Sixty *Years,* Nine *Months,* Seventeen *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys County Md.

Duration of Residence in the City of Baltimore, Fifty three years

Place of Death, {Give street and number} # 76 South Mount St.

Cause of Death First, (Primary,) " Phthisis Pulmonalis "

Second, (Immediate,)

Duration of last Sickness, Had disease 3 years Confined to House Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 28 1879

Undertaker, J. B. Blackistone

Place of Business, 606 Balt st

J. G. Smithcam M. D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 30660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sharp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* ——— *Months,* ——— *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 South Dallas St

Cause of Death, {First (Primary.) Second (Immediate,)} Burns.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 28th 1879

{*Undertaker,* Theodore J. Locke

Place of Business, 72 Jefferson St

D C Ireland M. D.
Medical Attendant.

Address Corner E & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 30661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry. 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Shank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty *Years,* —— *Months,* —— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 7 South Dallas St.

Cause of Death, {First (Primary,) Burns —— Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 28th 1879

Undertaker, Theodore L. Gott

Place of Business, 78 Jefferson

D. C. Ireland M.D.

Medical Attendant.

Address Corner E & P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Jackson Coe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 66 [illegible]

Cause of Death First, (Primary,) Intemperance

Second, (Immediate,) Starvation

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 1st 1879

W. Knowles M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. JULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 39663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Fridrica C

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* —— *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 102 S. Washington St

Cause of Death, First, (Primary.) Spasmodic Asthma

Second, (Immediate.) Senile marasmus 4 days

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery Canton

Date of Burial, March 2nd 1879

Undertaker, Hughes & Lee

Place of Business, 68 S Broadway

L. A. Dohme M. D.
Medical Attendant.

Address, 862 E. Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca L. Lantis

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number } 66 South st

Cause of Death, { First, (Primary.) Cerebro Spinal Meningitis / Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 23rd 1879

Undertaker, Heughes & Co

Place of Business, 65 S Broadway

James E. Pennington M. D.
Medical Attendant.

Address, 17 E Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann P. & William Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Twin males (Parents)

Age, ~~Years~~, a few moments ~~Months~~ ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Oxford Lt

Cause of Death { First, (Primary.) Non-viable
Second, (Immediate.)

Duration of last Sickness, Both children died without a few moments of birth

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 28th 1879

{ Undertaker, John C. Jordan
Place of Business, Park Ave

J. E. Atkinson M. D.
Medical Attendant.

Address, 223 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann P. & Wm Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Twin Male (Parents

Age, ~~Years~~, a few Moments ~~Months~~, ~~Days.~~

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Oxford St

Cause of Death First, (Primary,)

Second, (Immediate,) Non Viable

Duration of last Sickness, Both Children died within a few Mo ments of Birth

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26th 1879

J. E. Atkinson M. D.

Medical Attendant.

Instructed

Undertaker, John C. Jordan

Place of Business, Park ave

Address, Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 30667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 February 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Frederick Floodt

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 183 N. Eutaw st

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Water on the Brain

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 1st 1879

Undertaker, Silas Andrews

Place of Business, 436 Druid Hill Ave.

James A Steuart M.D.

~~Medical Attendant.~~

Address. Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Weinman M. D.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm N. Hammon

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5 *Years,* 5 *Months,* 21 *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 7 Bartlett-st

Cause of Death, First (Primary,) Cold

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Shaft st Cemetery

Date of Burial,

Undertaker, W. N. Drugee

Place of Business, Stockton alley

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

examd by Jas Fitzpatrick M.D.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred W Buchanan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 44 Hanover

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 28th

Undertaker, H Buchholz

Place of Business, 246 Eastern Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

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No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Heath

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 426 Central Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 2nd 1879

Undertaker, John J. Sudsburg

Place of Business, Pennsylvania Ave

J H Pattison *M. D.*
Medical Attendant.

Address, 23 Franklin

HEALTH DEPARTMENT FEB 28 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 30671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— Years, 8 Months, ——— Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 Canal alley

Cause of Death { First, (Primary.) Mal Nutrition (artificial)
Second, (Immediate,) Marasmus

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2nd 1879

James Lewis M. D.
~~Medical Attendant.~~

{Undertaker, Wm. Jas Gray
Place of Business, Mulberry St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Exam by E. Weinman

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1879 BALTIMORE

Date of Death, Feb 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Weiller

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 15 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 124 Mc Cullogh St

Cause of Death, {First (Primary,) Rheumatic Fever; Second (Immediate,) Endocarditis}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ahab Shalam Cem

Date of Burial, March 2nd 79

Undertaker, Wm Elam

Place of Business, 101 Gough St

Edwd F. Mitchell M. D.
Medical Attendant.

Address, 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 30673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Dempster

HEALTH DEPARTMENT 1879 BALTIMORE

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 141 Cross St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, About 8 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 2nd Inst.

R. J. N. Tait *M. D.*
Medical Attendant.

Undertaker, Matthew Fedigan

Place of Business, 227 Hanover St *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

2

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1879 BALTIMORE

Date of Death, Febr. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Jahns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} Shakespear st. No 22

Cause of Death, First (Primary,) Premature Labor

Second (Immediate,) at 7 mo

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery.

Date of Burial, 4th of March.

Undertaker, Fred Meade.

Place of Business, 20 S. Caroline st.

Dr. C. M. Schutte *M. D.*

Medical Attendant.

Address S.W. cor. Wolfe & Caroline sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Tull

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 84 E Charles St.

Cause of Death, First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Mount Ver St.

Date of Burial, March 2nd

M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, N Eutaw St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

66

No. 30676

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Frank

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number} 60 N. Strieg St.

Cause of Death, First, (Primary,) Phlegmonous Erysipelas of the Leg.

Second, (Immediate,) Pneumonia.

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, J. Joint Hebrew Congregation

Date of Burial, March 2d 1879

Abram N. Arnold M. D.
Medical Attendant.

Undertaker, H. Hartogensis

Place of Business, 63 E. Lee St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians ... is invited to the Remarks Below, and to List of Diseases on Back of this Certificate. 677

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. L. Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, about 30 Years

Place of Death, {Give street and number} 460 W. Lombard Street

Cause of Death {First, (Primary,) Lung fever

{Second, (Immediate,) Diphtheritic fever

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3

Undertaker, H B Cook

Place of Business, 709 West Baltimore

Dr. R. McShane M. D.
Medical Attendant.

Address, 552 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of [illegible]

No. 306

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann M. Snook

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Phila. Road,

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2nd/79

Undertaker, Geo. Schilling

Place of Business, Ashland Bypass

G. G. Rusk M. D.
Medical Attendant.

Address, Balt. & Hard. Pk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City ...

No. 1230

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara E. Sisk

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 214 Bunguely alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pubbè Cemetery

Date of Burial, March 1st 1879 Theodore Cook M. D.

Medical Attendant.

Undertaker, F. A. Kerchner

Place of Business, Carroller Ave *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

132

Keepers of Cem... for Burials to the Office who...

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

Permit No. 30680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Reese

Sex, Male or Female, {Cross out the words not required in this line.} ...

Age, ... *Years,* Seven *Months,* Four *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 201 Pine St near Fremont

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ...

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 2 1879

Undertaker, P. Kennnett

Place of Business, ...

... M. D.
Medical Attendant.

Address, 109 N. Pine St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1297

Keepers of Cem... for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 30681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Watkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Cor of St Paul & John st

Cause of Death, First (Primary,) ... Second (Immediate,) Inanition

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 1 1879

Undertaker, W. Watkins & Son

Place of Business, 162 Light St

P. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Irwin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* ____ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 43 S. Howard St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Clare

Date of Burial, March 1 1879

Undertaker, H W Chase

Place of Business, 192 S. Howard

H. F. Hill M. D.
Medical Attendant.

Address, 301 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [0742.]

18 7

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 30683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Williams

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, Twenty *Years,* *Months,* *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Birthplace

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 Clarkson's Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mch 1st 1879

Undertaker, Owens & Whitely

Place of Business, S. Eutaw St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11 C

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No. C

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline Urbach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover. Pa.

Duration of Residence in the City of Baltimore, Forty years +

Place of Death, {Give street and number.} 254 N. Eutaw St.

Cause of Death, First (Primary,) Cancer of breast

Second (Immediate.) Asthenia

Duration of Last Sickness, About 2 yrs. 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem W. E. Moseley M. D.

Date of Burial, March 1st 1879 Medical Attendant.

Undertaker, Chas. J. Scriven

Place of Business, 210 Eutaw St *Address* 36 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

18 4

No. C...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

Permit No. 30685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie L. Bouge

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 8 *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 32 Ohio Avenue

Cause of Death, First (Primary,) ...

Second (Immediate,) Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shayst Cemetery

Date of Burial, March 2d 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee st

Jno A Lemmon (M. D.)

Medical Attendant.

Address, Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by, Jas. Vansant

[OVER.]

5-9

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leatty Luckett

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single, Widow~~ or ~~Widower~~; {Cross out the words not required in this line.} Married

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 15 Hillen Ct

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1879

Undertaker, Thos. H. Dickinson

Place of Business, 234 N. Gay St.

Saml F Belt M. D.

Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1879

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Higgins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy three *Years,* six *Months,* Eighteen *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brunswick Maine

Duration of Residence in the City of Baltimore, Fifty three years

Place of Death, {Give street and number.} No 53 North Carey St

Cause of Death, First (Primary,) Hypertrophy of the heart

Second (Immediate,) " " "

Duration of Last Sickness, Nearly four months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 3rd 1879

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, 22 W. Fayette St *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

17 4

Keepers of Cem[illegible] No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Adams

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 30 th y *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~. {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Appahannock Virginia

Duration of Residence in the City of Baltimore, Entire year

Place of Death, {Give street and number.} 4 Winter st

Cause of Death, {First (Primary,) Consumption. Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Spark's St

Date of Burial, March 2

Undertaker, Yeocal Ross

Place of Business, 95 Conway st

Julius Hall *M. D.*
Medical Attendant.

Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanford Henry Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 249 McDonough St

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel. Md.

Date of Burial, March 1st 1879

B. J. Cook, M. D.
Medical Attendant.

Undertaker, Theo. J Locke

Place of Business, 76 Jefferson St *Address,* 76 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Norman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 54 N. Arch St

Cause of Death, {First (Primary,) Second (Immediate,)} Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, March 2nd 1879

Geo. Van Bibber M. D.
Medical Attendant.

Undertaker, W. E. Chenoweth

Place of Business, Penn Ave

Address 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...emetery.

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...it No. 3069/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Richmond Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} At Clinic Union R.R. Brick Yard Eager near Chester St

Cause of Death, First (Primary,) ~~Croup~~ Second (Immediate,) Bronchial Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

...e of Burial, March 2nd 1879

...dertaker, Fry & Bro

... of Business, Broadway

E W Jenny M.D.
Medical Attendant.

Address Canton

...tract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...n who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ght hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...nd date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1879 Ker

No. 3069

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

Permit No. 30692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Lang

Sex, Male or Female, {cross out the word not required in this line.} male

Age, *Years,* 13 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 16 Perry Place

Cause of Death {First, (Primary,)} Scarlet fever

{Second, (Immediate,)} Coma

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 1st 1879

Undertaker, Wm Lloyd

Place of Business, Pratt & Charles

Chas. Bruce M. D.
Medical Attendant.

Address, 58 Hillen pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18 7

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 30699

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Banks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Ramsey St. above Pennsylvania Ave

Cause of Death {First, (Primary,) Capill Bronchitis

{Second, (Immediate,)

Duration of last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

Louis (his) Horn M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers to Cemeteries for Burials to the Office whence issued Saturday of each Week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 1 1879 HEALTH DEPARTMENT BALTIMORE

Permit No. 30694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Blackburn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 350 Hanover St

Cause of Death, {First (Primary.) Scarlatina

Second (Immediate.) Adinminia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Modern Cemetery

Date of Burial, March 2 79

{*Undertaker,* Anthony & Dines

Place of Business, ~~No~~ 268 Lee St

Wm. Ellis M. D.

Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5-2

No. 3069

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dailey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 205 Bloodgood Ct

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 2d 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front

J Redgway Andre M. D.
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 30[illegible]

...ution of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Feb. 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ... George R. Herbert

Sex, Male or Female, { cross out the word not required in this line. } ... Male

Age, 4 *Years,* 2 *Months,* 2 days *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ... Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } ... No. 14 S. Bollington Avenue

Cause of Death { First, (Primary,) ... Croup

Second, (Immediate,) ...

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2nd 1879

{ *Undertaker,* M. A. Daigen

Place of Business, 74 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 30697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Child of Bernard & Elizabeth Keegan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* ... *Months,* 15 ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 216 John St.

Cause of Death { First, (Primary,) Inflammation of Lungs

Second, (Immediate,) ...

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 3, 1879

Undertaker, M. A. Dougherty

Place of Business, 74 S. Broadway

Wm. Reid M. D.
Medical Attendant.

Address, 61 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3067

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lecta Jane Burns

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Dorchester Co MD

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 71 Wilcox st

Cause of Death, First, (Primary.) Probably

Second, (Immediate,) Rheumatism of Heart

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3d 1879

Undertaker, Wm. Sams Jr

Place of Business, 43 Hanover St

R. C. Lee M. D.
Medical Attendant.

Address, N W cor Caroline & Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 30699

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ March 1st. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Franklin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* two *Months,* 16 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 54 Canal st. City -

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 69 Jenkins alley

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, Six weeks -

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel Cemetery~~ J. K. Merrick M. D.

Medical Attendant.

Date of Burial, March 3d 1879

Undertaker, Wm J Gray Address 131 W Biddle St.

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30700

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Seil

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 1 *Years,* — *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 214 Burgundy alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, March 2 Theodore Cook M. D.

Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 west Balto *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robertus Baptist

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since

Place of Death, { Give street and number. } 118 Raborg.

Cause of Death, { First (Primary,) ... Second (Immediate,) } Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2

Undertaker, E B Cook

Place of Business, 707 West Baltimore St

H. A. Hill M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

7 ; Keepers of Cemeteries in City of [illegible] No. 30702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Maggie Kessler

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 78 *Years,* 2 *Months,* 3 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany, U. S. 22 years.

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 252 N. Central Ave.

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Paralysis; Paraplegia. Cerebral Hemorrh[illegible]

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem[illegible]

Date of Burial, March 3, 1879

Undertaker, Henry Hoed[illegible]

Place of Business, 309 Central Ave

E. B. Feuby M.D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Geo. Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 186 West St

Cause of Death { First, (Primary.) Spasms / Second, (Immediate.)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. B. G.

Date of Burial, March 2nd 1879

Undertaker, H. Rau

Place of Business, 95 Conway

James A Steuart M. D.
Medical Attendant

Address, Residence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Joseph Vansant

7)

Keepers of Cemeteries

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Stuart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} Cor Central Ave & John St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) " "

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3rd 1879

A. G. Watson M. D.
Medical Attendant.

Undertaker, Wm. H. Kirkman

Place of Business, 234 N. Gay St.

Address 147 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore ...
for Burials to the Office whence ... of each week.

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No. 30705

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 1. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warner O'Neil

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} 243 Dorsey Pl

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 2 Mar 2 1899

Undertaker, S. W. Shaw

Place of Business, S Howard St

H. R. Price M. D.
Medical Attendant

Address, 324 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. BOLGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 30706

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, w *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year & five months

Place of Death, {Give street and number.} #5 argyle ave

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W Va

Date of Burial, Mar 3d

Richard McSherry M. D.
Medical Attendant.

Undertaker, J E Clough

Place of Business, 319 Penn a ave Address

H. C. McS

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1329

No. [illegible]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Malcolm Patterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* 17 *Days.*

Color, White *~~Sex~~,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Real Estate Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Use of his life

Place of Death, {Give street and number.} 1028 Charles St - Balto

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 3rd March 1879

Thos. Shute M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Keepers of Cemeteries in City of Baltimore.

No. 30708

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. MAR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar: 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Fletcher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, cd

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 47 King St.

Cause of Death, First, (Primary,) Granuline

Second, (Immediate,) ____

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, [redacted]

Undertaker, Wm M Dunfee

Place of Business, ____

Wm J Lockwood M. D.
Medical Attendant.

Address, Balto Genl Dsp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Keepers of Cemeteries in City of Baltimore.

No. 30709

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Myers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 16 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 617 Aisquith

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 617 Aisquith

Cause of Death {First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 3d

Undertaker, H. C. Weisfield

Place of Business, 30 Greenmount Ave

W. B. Billington M. D.
Medical Attendant.

Address, Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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This Permit

No. 30710

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas Getz

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number} 328 N. Edward

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Home Sweet Home Cem.

Date of Burial, 3rd March

J. Whitman M. D.
Medical Attendant.

Undertaker, Henry C. Wiedefeld

Place of Business, 10 Greenmount Ave

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30711

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 30711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 2 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Marshall

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, { Give street and number } 218 Chestnut st

Cause of Death, { First, (Primary.) Congestion of Lungs
Second, (Immediate.) Ten days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, 3 & March

Undertaker, Henry C. Wiedefeld

Place of Business, 90 Greenmount Av *Address,* 28 Franklin

J. M. Patterson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30712

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March Second (2d) 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margaretta Manns

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Forty Seven *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nineteen Years

Place of Death, {Give street and number} No 125 North Bond St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 4th

Undertaker, [illegible]

Place of Business, 646 Eastern Av

Wm H. Chedimer M. D.
Medical Attendant.

Address, No 102 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 30713

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa E. Pike

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer Co. Md.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 35 years

Duration of Residence in the City of Baltimore, 2 Yrs. Same

Place of Death, {Give street and number} 2 Yrs. Same Fulton Baltimore Co.

Cause of Death { First, (Primary,) Exhaustion
Second, (Immediate,) Old Age

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, March 3rd

Undertaker, H. Ensslich

Place of Business, 246 Eastern Av

G. L. Watkins M. D.
Medical Attendant.

H. Ensslich
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sasch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 Low St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. P. Hebrew Cemetery

Date of Burial, March 3rd

Undertaker, William Eilau

Place of Business, 81 Gough St

G. Liebmann M. D.
Medical Attendant.
223 W. Lombard St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

1st

Keepers of Cemeteries ... for Burials to the ... Saturday ...

No. 30715

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Trabert

~~*Sex*~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 1 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 94 S. Chapel St

Cause of Death {First, (Primary,) Trismus neonatorum

Second, (Immediate,) ...

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem.

Date of Burial, March 3d 79

Undertaker, W. Trance

Place of Business, 250 Canton Ave

J. Toth. M. D.
Medical Attendant.

Address, 275 S. Arlington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

1st

for Burials in the Office where

No. 30716

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Upman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 6 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 Months 12 days

Place of Death, {Give street and number} 326 Orleans St

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,) Epilepsy

Duration of last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 3. 4 PM

J. D. Gr M. D.
Medical Attendant.

Undertaker, Jery Bro

Place of Business, 54 N Broadway Address, 137 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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for Burials to the [illegible]

No. 30717

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Maurer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* 3 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Weaver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 26 Penna. Avenue

Cause of Death { First, (Primary.) Apoplexy
Second, (Immediate,) One day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, March 3d 1879

Undertaker, John G Andrews

Place of Business, 104 & 106 Druid Hill Avenue

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30718

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Raleigh

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 11 yrs

Place of Death, {Give street and number} 182 Mulberry street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 4 th 1879

H Darling M. D.
Medical Attendant.

Undertaker, Jos H. Loane

Place of Business, 101 Fremont st *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30719

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Murray Stirling

Sex, Male or Female, {Cross out the word not required in this line.} White

Age, Ten *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 246 N Calvert St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 3rd

Undertaker, Henry H Jenkins Son

Place of Business, 16 Light St

H. J. Mendenhall M. D.
Medical Attendant.

Address 86 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Jane Thelen

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 2 *Months,* 4 *Days.*

Color, Cl

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lifetime Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 77 Elbow Lane

Cause of Death, {First (Primary,) 14 Days Bright's Disease

Second (Immediate,)

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 3

Undertaker, Hercules Ross

Place of Business, 95 Conway St

A. M. Coleburn M. D.
Medical Attendant.

Address 369 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 30721

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 112 W Baltimore st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 112 W Baltimore st

Cause of Death First, (Primary,) Phlegmon Parotidis

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 3

Undertaker, G W Hilyard

Place of Business, 201 Pratt

H J Howard M. D.
Medical Attendant.

Address, 1 E Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Edwardina McDonnell

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty six *Years,* one *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 194 N Calvert St

Cause of Death, First (Primary,) Severe Cold

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, The last two years

All the above information should be furnished by the Physician.

Place of Burial, R.C. Cathedral Cem

Date of Burial, 5th March 1879

Edw. (De Loughery M. D.
Medical Attendant.

Undertaker, Hyde Deutsch Son

Place of Business, & 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30723

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30723.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Purnell.

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Prostitute.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give street and number} 142 Holiday St.

Cause of Death {First, (Primary,) Acute Phthisis. Second, (Immediate,) Exhaustion.

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub. Cem'y

Date of Burial, March 3rd 1879

Undertaker, Pat. Mullen

Place of Business, Coulbourn St.

J. A. Chambers, M. D.
Medical Attendant.

Address, City Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 30724

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence B. Edwards

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 2 *Months,* 4 *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 N. Spring St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetry

Date of Burial, March 4th 1879

Undertaker, Wm N. Unger

Place of Business, No 62 East St

F. A. Bauer M. D.

Medical Attendant.

Address 103 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

8

Keepers of Cemeteries are hereby ... for Burials to the Office whence issued, Saturday ...

No. 30725

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 1879 ~~Feb 28 '79~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Rayne

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) ...

Second (Immediate,) Consumption

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, Feb 28/79

Undertaker, Patrick & Mullen

Place of Business, ...

J. H. Grimes M.D.
Medical Attendant.

Address, Maryland Penitentiary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1879 IMG

Date of Death, March 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Donoghue

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* 3 *Months,* ~~——~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Wolf St South of Eager

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) one week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Baptist~~ Cemy

Date of Burial, March 4th 1879

{*Undertaker,* T. S. Hoopes / *Place of Business,* E. Balto St}

James A Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H Coulter

1879 Keepers of Cemeteries in City of... No. 30727

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Nelson Downs

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 8 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 410 Orleans St.

Cause of Death, First (Primary,) Cerebro Meningitis Comp.

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 3rd 1879

Undertaker, Henry W. Mears

Place of Business, 145 W Gay St

E. P. Gross M. D.
Medical Attendant.

Address, 406 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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for Burials to the Office whence issued, Saturday to each week. No. 30728

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Anderson

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, 32 or 33 Years, Months, Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Second (Immediate,)} Bright's Disease of Kidneys

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 3rd 1879

{Undertaker, or Place of Business,} John Anderson 146 Ramsay St

J. H. Grimes M.D.

Medical Attendant.

Address Maryland Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 30729

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, ~~Months~~ hour 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore,~~ Institutions 1 day

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary.) Spasms
Second, (Immediate,)

Duration of last Sickness, dying when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 5. 1879

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30730

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, about 1 Months, 2 weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Maternity

Duration of Residence in the ~~City of Baltimore~~ Institution 16 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, Entire Marasmus when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 5. 1879

Undertaker, Saml Brown

Place of Business, 156 Division St

Charles Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

7

Keepers of Cemeteries [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Ada Bowden

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 12 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, 2 months ~~near Monument & East (Southside)~~

Place of Death, {Give street and number.} East Monument street. ~~Exclosure~~ End.

Cause of Death, {First (Primary,) / Second (Immediate,)} Lobular Pneumonia —

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician

Place of Burial, Balt Cemetery

Date of Burial, March 3 1879

{*Undertaker,* / *Place of Business,*} Fry & Rowe / 3 & 4 Branch

E. W. Janney — *M. D.*

Medical Attendant.

Address Canton. Boston & Patapsco

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 30732

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

EASTERN DEPARTMENT MAR 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Randall

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Colour

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } No 5 St James St

Cause of Death, { First, (Primary,) Inflammation natural / Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, March 3rd 1879

Undertaker, Patrick Mullin

Place of Business, Lombard St

Edmund Rowell M. D.
Medical Attendant.

Address, Corner of [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

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for Burials to the Office whence issued, Saturday of each week.

No. 30733

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hiltner

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Thirty-one *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 150 N Fremont-st

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 4

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

D E Reese M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18 [illegible] for Burials to the [illegible]

No. 30734

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Laubheimer

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 32 *Years,* 9 *Months,* 12 *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} No. 32 S. Mount St.

Cause of Death, First (Primary,) Sclerosis recurrens (relapsing fever)

Second (Immediate,) Pneumonia or Pericarditis.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 4th 1879

Undertaker, John N. Weaver

Place of Business, #22 W. Fayette St.

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30735

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard W. Mansfield

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 117 S. Broadway

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

Duration of last Sickness, 62 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 4th 1879

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30736

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 nd. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennette Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 150 Gough st.

Cause of Death { First, (Primary,) Diphtheria — Diphtheritic Croup
Second, (Immediate,) Apnea —

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 4th 1879

Undertaker, Hughes & Co

Place of Business, 116 S Broadway Address,

J. L. Wilkerson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY

6 25

No. 30737

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrinue Lang

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 27 N Dallas st

Cause of Death, First, (Primary,) Convulsions — I have not seen the child since after death

Second, (Immediate,) ———

Duration of last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, March 4th

Undertaker, Martin Dippl

Place of Business, 151 Bond St.

L O Wintermitz M. D.
Medical Attendant.

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27 C.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d March 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katharina Eliese Stein.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 76 *Years,* 2 *Months,* 8 *Days.*

Color, white *Sex,* female

Married, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Oberohmen, Hessen-Darmstadt, Germany.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, { Give street and number. } 329 N. Arguith St.

Cause of Death, First (Primary,) ....

Second (Immediate,) Marasmus senilis.

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, 5th of March.

Undertaker, Fred Keerle.

Place of Business, 42 Eastlinest.

Robert Anthor. M. D.
Medical Attendant.

Address 42 North Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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Keeper of Cemet... for Burial...

No. 30739

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelia Della

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor. Hanover & Hunt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor. Hanover & Hunt Sts

Cause of Death {First, (Primary,) / Second, (Immediate,)} Scarlatina Anginosa

Duration of last Sickness, 10 day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, 3d March

Undertaker, Mosley & Dews

Place of Business, Light St

Geo. W. Benson **M. D.**
Medical Attendant.

Address, 414 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3rd

No. 30740

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Four Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 12 S Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} General Syphilis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery F. E. Fooks M. D.

Date of Burial, March 4th 1879. Medical Attendant.

Undertaker, Peter Frey.

Place of Business, 91 Eastern Ave Address 241 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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for Burials to the Office whence is...

No. 30741

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Joseph Frank

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City United States

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 Bank Bronchitis

Cause of Death { First, (Primary,) Exhaustion Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 5th

Undertaker, Jno. Feuchtz

Place of Business, 22 Bank

G L Wilkins M. D.
Medical Attendant.

Address, 911 Bronchitis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30742

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Willis (col.)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 16 Years, Months, Days.

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Acute Hepatitis. (Autopsy held) Second, (Immediate,) Exhaustion,

Duration of last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 4 1879

Undertaker, P. Mullin

Place of Business, Cambridge

J. W. Chambers, M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30743

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 Mo 3 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lester.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} female

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 58 years.

Place of Death, {Give street and number} No 798 W Baltimore St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate,)

Duration of last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, March 5th 1879

Wm Riley M. D.
Medical Attendant.

Undertaker, J B Scott

Place of Business, No 707 W Baltimore street

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 3rd 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Butterfield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City since Birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 108 S Fremont St

Cause of Death, {First (Primary.) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial Mt Auburn Cemetery F. & A. M. & I. O. O. F. Baltimore County

Date of Burial, March 4 1879

J. F. Womble M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business No 707 W. Baltimore street *Address* 203 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Grant 1332

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No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maynard Clark.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } Rear Alley between Welcome alley + Lee st

Cause of Death, First (Primary,) Bronch. Catarrh } + Lee st

Second (Immediate,) Neglect.

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 4th 1879

Undertaker, F. A. Kerchner

Place of Business, Carroll Co

J. B. Noble M. D.
Medical Attendant.

Address Balto. Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30746

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Blundell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Derry Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 156 High St (W)

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Bona Brea Cemetery

Date of Burial, March 4th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

E. E. Chatard M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 30747

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Hall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Home Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 23 Granby St

Cause of Death First, (Primary,)

Second, (Immediate,) ~~Pneu~~ Paralysis

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 5th 1879

A Negenhertzer M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 n Front St *Address,* 41 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 30748

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Distiller

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 169 Wariner

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) 8 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 5th of March

Undertaker, Julius Koehler

Place of Business, Cross & Scharp St *Address,* 152 Stump St

P. J. H. Tull *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

62.

No. 30749

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 N. Bond St

Cause of Death, {First (Primary,) ~~Bronchia~~ Pneumonia

{Second (Immediate,) Asthenia

Duration of Last Sickness, 1 month and 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 5 1879

{*Undertaker,* Charles H White

{*Place of Business,* 35 Granby St *Address* 31 N. Bond St

Wm N. Hill *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Henderson

Sex, Male or Female, {cross out the word not required in this line.} female

Age, about 50 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 472 S. Bethel st

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 4th/79

L C Vinderwitz M. D.
Medical Attendant.

Undertaker, Thos. J Locke

Place of Business, 73 Jefferson st *Address,* 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30757

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bantz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} 272 Wm Durant st E

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 1879

Undertaker, Charles A White

Place of Business, 35 Granby Street

Silas N Hunt M. D.
Medical Attendant.

Address, 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 30752

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Waggner.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Married.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Labourer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 52 Lancaster.

Cause of Death, First (Primary,) Typhoid - Pneumonia.

Second (Immediate,)

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 6 1879

J. J. Sullivan, M. D.
Medical Attendant.

Undertaker, W C Watchman

Place of Business, 179 S Bond St *Address* 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Burials

No. 30753

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Holland

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 242 S. Broadway

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 6 1879

{ *Undertaker,* W. C. Watchman
{ *Place of Business,* 179 S Bond St

Attended M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30754

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ January 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Flin (Widow)

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, About 70 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, *Single,* ~~Widower~~ ~~Widow~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland - In county 15 or 20 years

Duration of Residence in the City of Baltimore, 15 or 20 years

Place of Death, {Give street and number.} No 1 Eastern ave.

Cause of Death, First (Primary,) Ulcerated leg.

Second (Immediate,) General Exanthem

Duration of Last Sickness, Twelve weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Mch 6th 1879

Undertaker, Joseph P. Miller

Place of Business, 1 Jasper St.

M. J. Gwesbeck M.D.
Medical Attendant.

Address, 7½ Franklin St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3 2

No. 30755

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wagner

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Gr

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} N. E. Corner of Eagle & E. Central Ave

Cause of Death {First, (Primary,) Bronchial Chronic / Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 79

Undertaker, Schaubing

Place of Business, 75 Hanover

J Mathias M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Burials

No. 30756

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Lane

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One *Years,* Six *Months,* 00 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 30 Smith St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, March 6th 1879

Undertaker, [illegible]

Place of Business, [illegible]

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30757

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Hudgins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 12 Days.

Color, Colored *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 74 Watson St Maraemia

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 4 to 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemmetery

Date of Burial, Mar 6th 1879

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga

Geo. L. Kenneman M. D.
Medical Attendant.

Address 73 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30758

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 30758

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...o the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Alexander Bucky

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 15 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 22 Rupel St.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Pneumonia

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 6

H. F. Hill J. F. Smith & D. Prof. Chew M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore *Address,* 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. BOLANY & CO. CITY PRINTERS AND STATIONERS.

[07...]

No. 30759

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 30759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Tubman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 67 *Years,* ... *Months,* ... *Days.*

Color, colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Va.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 6 Peach Alley

Cause of Death { First, (Primary,) ... Second, (Immediate,) Pleurisy

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Ca Cathedral

Date of Burial, March 6

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Robinson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 523 N Eden St

Cause of Death, First, (Primary,) Paralysis of Left Side

Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, about 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

J. Ridgway Hudson M. D.
Medical Attendant.

Address, No 121 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3 2

No. 30761

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sweeny.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 83. S Spring St

Cause of Death, {First (Primary,) Burn

Second (Immediate,) Pneumonia

Duration of Last Sickness, Abt 2 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, March 5, 1879

Undertaker, H. A. Daiger

Place of Business, 940 S. Broadway

Geo. A Kemmemon M. D.
Medical Attendant.

Address 93 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

17 [illegible] 30762

No. 102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Mitchel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 16 Williamson St

Cause of Death, First, (Primary,) Infantile Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 6th 1879

Undertaker, Murphy & Denny

Place of Business, 263 Light St

H. B. Stobb M. D.
Medical Attendant.

Address, 17 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30763

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles McCalm.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Ever Months.

Place of Death, {Give street and number.} 70 Lexington St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 7th 1879

{*Undertaker,* John F. Weaver / *Place of Business,* 22 N. Fayette St.}

T. Clay Maddux. *M. D.*
Medical Attendant.

Address 22 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30764

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno D Filer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 151 E Pratt

Cause of Death {First, (Primary,) Angina Pectoris

{Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 6th

Undertaker, J. M Leonard & Son

Place of Business, 782 W Baltimore *Address,* 1711 N Monument St

E K Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

10 1

Burial

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix Butcher.

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 146 Saratoga St.

Cause of Death, First (Primary,) Colds and exposure.

Second (Immediate,) Phthisis,

Duration of Last Sickness, about a year.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 7 1879

Undertaker, Gorter & Gordon

Place of Business, 61 & 63 Park Ave

H. R. Morgan M. D.

Medical Attendant.

Address 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Keepers of De ma

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt McCollough, Steele

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 23 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——————

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Scott St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Atrophy

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral cemetery

Date of Burial, March 6th 1879

{*Undertaker,* J. B. Cook

{*Place of Business,* No 707 N. Baltimore street

H. W. Webner M. D.
Medical Attendant.

Address 320 N. Lomb. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 30767

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlina Clemm

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Baltimore

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} 916 W Pratt st

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Ataxia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 6th 1879

Undertaker, P B Cook

Place of Business, 1207 W Baltimore street

H. C. Eutaline M. D.
Medical Attendant.

Address, 532 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

6 2

No. 30760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Edwards

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 72 N. Amity

Cause of Death First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Ever Green cemetery

Date of Burial, March 5th 1879

Undertaker, Wm. H. Bungee

Place of Business, No 962 East 8th

D. D. Gue M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19 1

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Warner Alfred Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 2 yrs.

Place of Death, {Give street and number.} 219 Penn Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 1879

Undertaker, Wm. H. Burgee

Place of Business, No 62 East St

J. D. Iglehart M. D.
Medical Attendant.

Address 219 N. Penn St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Keepers of Cemeteries in City of Baltimore

No. 30770

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celestino L. Dunger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 5 - Druid Hill Avenue

Cause of Death { First, (Primary,) Acute Meningitis
Second, (Immediate.) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1879

Undertaker, Wm. N. Dunger

Place of Business, No 10 S Stockton Alley

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City or [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maria McCracken

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 99 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 78 years

Place of Death, {Give street and number} 675 West Biddle St

Cause of Death First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 6 1879

Undertaker, C. Feinman

Place of Business, 371 N. Eutaw St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman M. D.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30772

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 4, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Lancaster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 737 Ramsay St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) ____

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, March 6th 1879

James Bailey **M. D.**
Medical Attendant.

Undertaker, J. P. Pauline

Place of Business, No. 66 Fawcett Ave

Address 319 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30773

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Fuller

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ~~Twenty four~~ Years, Four Months, —— Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 13 Brown Lane

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7th 79

Undertaker, Jno. P. Pardue

Place of Business, 66 Fred'k Ave

J. G. Smithson M. D.
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30774

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 2 ad 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lois Bayne

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, ad

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number} 70 Biddle Alley

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1879

Undertaker, Wm. H. Bishop Jr.

Place of Business, 77 Lexington St.

J. W. Lockwood M. D.
Medical Attendant.

Address, Balto. Genl Dis.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 5. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Hall.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 3 *Years,* *Months,* *Days.*

Color, Brown. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Ten Years,

Place of Death, {Give street and number.} 91 Arch St.

Cause of Death, First (Primary,) Colds.

Second (Immediate,) Pneumonia,

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6. 1879

Undertaker, S Wehrle

Place of Business, S Howard St

W. P. Morgan M. D.
Medical Attendant.

Address 173 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30776

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Swindale

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 97 Warner St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Bright Disease of the Kidney

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1879

Undertaker, S W Chase

Place of Business, 198 Howard St

Theodore Cook M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

Date of Death, ~~born~~ ~~March~~ March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Daniels

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Jasper st

Cause of Death, First (Primary,)

Second (Immediate,) Scrofula

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, March. 6. 1879.

Frank W. Gamon M. D.
Medical Attendant.

Undertaker, Wm. James. Gray

Place of Business, 65 Hanover st. *Address* 187 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries
Pastors

No. 30778

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Starkoff

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Reindorf / Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death First, (Primary,) Debility

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 7th 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

L. A. Wane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bonbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 189 Durham St. (S)

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel City H. Schwarz M. D.

Date of Burial, March 7th Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 24 Eastern Av Address Canton & Elliott Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879 at 6.30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Gifford

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grocery

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number} 206 E. Fayette St

Cause of Death, {First, (Primary.) Ulcerative Lingual Epithelioma

Second, (Immediate,) .....

Duration of last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7, 1879

Undertaker, H. A. Dacin

Place of Business, 74 S. Broadway

James E. Dunnell M. D.
Medical Attendant.

Address, 299 E. Baltimore Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30781

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

Date of Death, March 4th 1879 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Olivia King

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} female

Age, 34 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number} 109 S. Green St

Cause of Death First, (Primary,) Tuberculosis General {Lungs Intestines Bone}

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 6th 1879

Undertaker, Wm Thacher

Place of Business, Park & Fayette

Wm F. Frost M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30782

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Landman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 223 Mulliken St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Michael, Md Wm N. Hill M. D.

Medical Attendant.

Date of Burial, March 6th 1879

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson st *Address* 31 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1334

No. 30[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Florence Redwood.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Died March 5th 1878

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Michaels Md.

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} Nursery & Child's Hospital

Cause of Death, First (Primary,) Inherited Syphilis

Second (Immediate,) Abcess

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, March 6 1879

C. F. Brune, M. D.
Medical Attendant.

Undertaker, John Lancaster

Place of Business, Eden St. *Address* 241 Lisbon av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30784

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Clark

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 mos.

Place of Death, {Give street and number} 125 Elliott St.

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Lemmon Cemetery

Date of Burial, March 7th 1879

Undertaker, Knyphausen & Co

Place of Business, 65 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30785

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolly & John Henry Brian

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 State St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 1879

Undertaker, W. Ian Gray

Place of Business, Mulberry St.

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd. E. Wareman M.D.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gaitney —

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 25 *Years,* 1 *Months,* 8 *Days.*

Color, White — *Sex,* Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single —

Occupation, Cart Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always since birth.

Place of Death, {Give street and number.} 136 Caroline St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two years —

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery E. Baltimore.

Date of Burial, March 7th 1879

Medical Attendant. M. D.

Undertaker, Joseph F Byrne *Address* 67 N. Charles St

Place of Business, 69 N Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 30787

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 6 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 91 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charleston S. C. 18 mos

Duration of Residence in the City of Baltimore, 39 Rose St.

Place of Death, {Give street and number.} Paralysis

Cause of Death, {First (Primary,) Second (Immediate,)} "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6th

Undertaker, A. Wayman

Place of Business, 13 Saratoga St

Eldridge C. Love M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 30780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 6 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Hilton

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 8 Wagon Alley

Cause of Death { First, (Primary,) Syphilis

Second, (Immediate,) Hemorrhaging

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, March 7th 1879

Undertaker, I B Cook

Place of Business, No 707 W Baltimore Street

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 30789

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jeanette Grey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 289 N. Bond St.

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate,) Apnoea

Duration of last Sickness, 6½ days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 6th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo. A. Bartrand M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 30790

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Harry A. Adams~~ Katie Ahrens

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 7 Borough St.

Cause of Death { First, (Primary,) Malarial Fever & Catarh
Second, (Immediate,) Hepatization of Lungs & Anemia

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mifflin, Penn.

Date of Burial, March 7

Undertaker, B. Tuke

Place of Business, 111 Light St.

Augustus Whedbee M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30791

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Wiegand

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 3 *Months,* 21 *Days*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 170 Sarah Ann Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Scarlet Dropsy

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, March 7th 1879

Undertaker, P. Kummett

Place of Business, Mulberry St

Henry Baker M. D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert. E. Warfield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 158 West St

Cause of Death, {First (Primary.) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7th 79

Undertaker, Anthony & Denny

Place of Business, 162 Lee St

J. C. Burch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30793

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 7 1879

CERTIFICATE OF DEATH.

Date of Death, March 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hamilton

Sex, Male or Female, { cross out the word not required in this line. }

Age, _____ *Years,* Eleven *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Living life

Place of Death, { Give street and number } 92 Fourth St

Cause of Death, { First, (Primary,) Catarh / Second, (Immediate,) Pneumonia

Duration of last Sickness, Last two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 8

Undertaker, Dan Rorang

Place of Business, 16 N

Jules A. Taylor M. D.
Medical Attendant.

Address, Broadway & Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie. S. Gunnerman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 215 Chew st

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Hydrocephalus

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, March 7th

S. T. Coyner M. D.
Medical Attendant.

Undertaker, Frey & Bro

Place of Business, 54 N. Bradway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th March 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentin Maenius.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, workingman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria in Germany.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 42 S. Register Str.

Cause of Death, ~~First (Primary,)~~ Second (Immediate,) Phthisis ulcerosa.

Duration of Last Sickness, 1st months.

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Cemetery

Date of Burial, March 8th

Robert Author M. D.
Medical Attendant.

Undertaker, Ambrose Keefer

Place of Business, 244 E. Lombard St.

Address 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 30796

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Jackson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Light Brownskin *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 63 Richmond St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Was called to see her about two or three times

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 7th

Undertaker, A. J. Wagaman

Place of Business, 15 S. Saratoga St

Jno. L. Jenkins M.D.

Medical Attendant.

Address Park Ave & Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Miller

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 55 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Wagoner

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Talbot Co Maryland

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, { Give street and number. } No 144 York Street

Cause of Death, { First (Primary,) Alcoholism / Second (Immediate,) Renal degeneration complicated

Duration of Last Sickness, Hour Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7 1879

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. L. Dyer M. D.
Medical Attendant.

Address, 146 Hull St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Massey

Sex, ~~Male.~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (And how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Hughes St Court

Cause of Death {First, (Primary.) Mal. Nutrition — (artificial)

{Second, (Immediate.) atrophy

Duration of last Sickness, all its Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1879

Undertaker, Hercules Rowe

Place of Business, Conway St

Thomas Kelsey M. D.
Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A Schultze

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 165 Conway

Cause of Death, First, (Primary.) Dropsy Cardiac in origin

Second, (Immediate,) Hydrops pericardii

Duration of last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th

Undertaker, Henry Brick

Place of Business, Henrietta St 81

W. H. Keech M. D.
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Home, 14 E. Fayette St

Cause of Death, First (Primary,) Asthma

Second (Immediate,) acute Edema of Lungs

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial Har Sinai Burial Ground

Date of Burial, March 9

G. Liebmann M. D.
Medical Attendant.

223 N. Howard St

Undertaker, C. Hollander Sons

Place of Business, 22 N. Pratt Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louiza A Linthicum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~ Years, 17 Months, ~~ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 months

Place of Death, {Give street and number.} 241 S. Charles Street

Cause of Death, First (Primary,) natural

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 6-79

Undertaker, C F. Krause

Place of Business,

Z. K. Wiley M. D.
Medical Attendant.

Address Cor. Hanover & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30802

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No. 6 N. Henderson St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemy.

Date of Burial, March 7th 79

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 West Saratoga

W. E. Hunt M. D.
Medical Attendant.

Address Greene & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bright

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A & Md

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number} 89 E Madison st

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,) one year about

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 8th 1879

Undertaker, John Lake

Place of Business, 161 E. Balto St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Burnett

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Thirty four *Years,* one *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Hagman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, continued

Place of Death, { Give street and number } No 322 Hamburg St

Cause of Death, First, (Primary,) Affected by Lung

Second, (Immediate,) Consumption complicated

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 7 1879

Undertaker, Charles H Hile

Place of Business, 35 Broadway E

C. L. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wilson Armstrong

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation, O

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 202 Baltimore St.

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,) Apnea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemitary

Date of Burial, March 7 1879

Undertaker, Charles A White

Place of Business, 35 Hanover st

A Z Edmondson *M. D.*
Medical Attendant.

Address 202 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Anne McCubbin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, seven *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington D.C.

Duration of Residence in the City of Baltimore, about three years

Place of Death, {Give street and number.} 39 St Mary's St near Park Ave

Cause of Death, First (Primary,) Scarlet Fever

Secoud (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8th 79.

Undertaker, J. H. Weaver

Place of Business, 129 E. Pratt St.

J. C. Fox *M.D.*
Medical Attendant.

Address, 109 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Woodcock

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 734 Penna Ave

Cause of Death {First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Grave

Date of Burial, March 8th 1879

Undertaker, Wm J Andrews

Place of Business, 144 & 146 Druid Hill Ave

D G Keller *M. D.*
Medical Attendant.

Address, 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Burial Permit No. 1335

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Ringer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} ____

Occupation, Tinner Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 1302 E. Pratt

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 9

Undertaker, J P Cook

Place of Business, 707 West Baltimore

C. M. Sudlow M. D.
Medical Attendant.

Address, 166 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery Old Road

Date of Burial, March 9th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Mc. Dougal

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... 40 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 10th 1879

M. D.

Medical Attendant.

Undertaker, Haylett & Co.

Place of Business, 165 S Broadway *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Graham Whitridge

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ Years, 13 Months, ____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 190 N. Charles St. Baltimore

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number} No. 271 N. Charles St.

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate,) ____

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. C.

Date of Burial, March. 8th 99

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Christopher Johnston M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Fallon

~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 Yrs

Place of Death, {Give street and number.} 110 Gunson St

Cause of Death, First (Primary,) Cancer Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 8th 1879

Chas O'Donovan M.D.
Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, 45½ Bay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 816

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Williams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 32 N. Frederick

Cause of Death, First, (Primary,) (

Second, (Immediate,) Scirrhus Tumors

Duration of last Sickness, one years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1879

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

J. H. Latham M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Louisa Smith.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8. *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harre de Grace. Md.

Duration of Residence in the City of Baltimore, Jan. 1879.

Place of Death, {Give street and number.} 578. Leaynton St.

Cause of Death, {First (Primary,) Dentition

Second (Immediate,) Convulsions.

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Harre de Grace

Date of Burial, March 8. 1879

{*Undertaker,* S. B. Cook

Place of Business, 10 Balto st

Addaston. M. D.
Medical Attendant.

Address 543. Leaynton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons superintending the burial, a Certificate setting forth, within forty eight hours after the death to the Undertaker or other persons superintending the burial, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Francis Permit 1336

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 7 D.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Linker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 36 Eutaw Street

Cause of Death First, (Primary,) Pleurisy & Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 9th 1879

Undertaker, Crudup & Lee

Place of Business, 152 West Balto St

C. J. Huck M. D.
Medical Attendant.

Address, 36 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 3 years 7 mos

Place of Death, {Give street and number} Corner Douglas & East. Residence 21 Gay St.

Cause of Death, First, (Primary.) Heart

Second, (Immediate,) Disease

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8 79

Undertaker, S W Chase

Place of Business, 168 Howard St

Edmund V Walker M. D.
Medical Attendant.

Address, Corner N & P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydney Patterson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* 6 *Months,* 18 *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 361 Eutaw Place

Cause of Death, {First (Primary,) Cold. / Second (Immediate,) Pulm. Congestion

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Homestead Hartford Cem.

Date of Burial, March 8th/79

Undertaker, H. Rex. Jenkinsson

Place of Business, 16 Light St

Riggin Buckler M.D.
Medical Attendant.

Address 135 N Chas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 13 Months, 7 Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life 13 mos - 7 Days

Place of Death, {Give street and number.} 235 St Paul St Baltimore

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia from want of Innervation & Vascular motor system

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery J McH Howard M. D.

Medical Attendant.

Date of Burial, 8th March 1879

Undertaker, A J W Deaktus & Son Address 235 St Paul St - or

Place of Business, ~~16 Light St~~ Huntingdon Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30819.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Walker.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female.

Age, ... *Years,* 7 *Months,* 2 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 127 Chestnut Alley

Cause of Death, {First (Primary,) Dent Fever

Second (Immediate,) Convulsions,

Duration of Last Sickness, They say 9 days, Died half hours after last seen.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 8th 1879

{*Undertaker,* P. Redmond

Place of Business, ...}

H. K. Fetterhoff *M. D.*
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Hanover

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 Months *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 29 E. Church St. ad

Cause of Death, First, (Primary,) Congenit- Syphilis

Second, (Immediate,)

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March. 9 1879

Undertaker, McCaull Bros

Place of Business, 201 E. Eutaw St

J. W. Chambers *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shoen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 422 Cross st

Cause of Death, {First (Primary,) Heart Disease; Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Mch 8th 1879

Undertaker, H Bachel

Place of Business,

I G Womble *M. D.*
Medical Attendant.

Address 201 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael H. Keen's

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } Bel Air St.

Cause of Death, First, (Primary,) Croup Membranous

Second, (Immediate,) Asphyxia.

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cem.

Date of Burial, Mar 9, 1879

Chas. J. Baldwin M. D.
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 309 Central Ave *Address,* 166 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 30823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E R Yeiter

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemty

Date of Burial, March 8th

{ *Undertaker,* H. Ecklich

{ *Place of Business,* 246 Eastern Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Frances McKnight

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 633 S. Gay St.

Cause of Death, First, (Primary.) Suffocative Catarrh

Second, (Immediate.) Asphyxia

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 8th 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 29 York St

Cause of Death First, (Primary.) Congestion of the Brain

Second, Immediate. 5 Hrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, March 8 1879

Geo H. Benson M. D.
Medical Attendant.

Undertaker, Armstrong & Kemp

Place of Business, 223 Light *Address,* 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30826

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Courtney

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and number } Scott & Pratt Sts

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Mch 9 1879

Undertaker, Armstrong & Denny

Place of Business, 268 Light St

Theodore Cook M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Guy Mellroy.

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, { Give street and number. } 229 Lemmon Ave

Cause of Death, { First (Primary,) Scalds, Second (Immediate,) Erysipelas,

Duration of Last Sickness, Eight (8) days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 9. 79

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 55 & 57 Fayette St

Wm. J. R. Stone M.D.
" " Medical Attendant.

Address. City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Loues Caffrin } Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 20 minutes *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 50 Pennsylvania Ave

Cause of Death, First, (Primary.) Premature birth

Second, (Immediate,) Asthenia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Port Cemetery

Date of Burial, March 8th 1879

F. E. Shatard M. D.
Medical Attendant.

Undertaker, H. A. Kreckeler

Place of Business, ~~Hanover St~~

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Joshua Warfield

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 9 ~~10~~ *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 18 E. ~~Monument~~ St Eden

Cause of Death First, (Primary,)

Second, (Immediate,) Convulsions,

Duration of last Sickness, 2 weeks — Convulsions about 18 hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1879

Undertaker, Wm A J Bishop Jr.

Place of Business, #97 Druid Hill ave.

H Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Christina Ehrle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 63 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number} 441 W Fayette

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10th March 1879 H. W. Webster M. D.

Medical Attendant.

Undertaker, Ph. S. Dill

Place of Business, 183 Columbia, ave *Address,* 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3083/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William S. Harned

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, —— *Years,* 3 *Months,* 2 3 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number } 69 E. Lombard St

Cause of Death { First, (Primary,) Second, (Immediate,) } Capillary Bronchitis

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 9 1879

Undertaker, James A Byrne

Place of Business, No 63 W Front St

A Frey Shertzer M. D.
Medical Attendant.

Address, 11 E Hight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1899 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lee

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 154 Chesapeake st

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, March 9th 1899

Undertaker, M. A Dwyer

Place of Business, [illegible] Gray

Chas. H. Chase M. D.
Medical Attendant.

Address, 63 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th March 11½ P. M. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizette Hurlich.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 8 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 41 years.

Place of Death, {Give street and number.} 86 East Lombard St.

Cause of Death, {First (Primary,) Phthisis tuberculosa pulmonalis.
Second (Immediate,)}

Duration of Last Sickness, six months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9, 1879

{*Undertaker,* M. A. Daiger
Place of Business, 74 S. Broadway.

Robert Barthor M. D.
Medical Attendant.

Address 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 8 1879 BALTIMORE

Date of Death, March 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Sauerland

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 37 *Years,* unknown *Months,* unknown *Days*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} N° 171 Hamburg St

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) General Consumption

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Paulis Cemetery

Date of Burial, March 9th 1879.

Undertaker, Leonhard Veary

Place of Business, S. Bond St. N° 277.

Mary Sayer M.D.
Medical Attendant.

Address, 165 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 3 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} United States

Duration of Residence in the City of Baltimore, Infirmary Lombard St

Place of Death, {Give street and number} Baltimore

Cause of Death { First, (Primary.) Bronchio-pneumonia

Second, (Immediate.) about 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Mar. 8, 1879

{ Undertaker, F. A. Kirchner

Place of Business, 50 S. Carrollton Av Address, Universil Hospital

F. B. Bruce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Catharine Egan

Sex, ~~*Male*~~ or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 9 months.

Place of Death, { Give street and number. } 77 Lemmon Street

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 9th

Undertaker, Wm. H. Taylor

Place of Business, 227 Pratt St

Address Dewolf P.O., Balto. Co.

Jno. G. Kolfday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7, 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fisher

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* One *Months,* Ten *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 138 Eden alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 138 Eden alley

Cause of Death, First (Primary,) .....

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Spark St

Date of Burial, March 9

Undertaker, Hercules Ross

Place of Business, 1600 Monument St

W. T. Shultz M. D.
Medical Attendant.

Address, 260 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Bazil

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 212 Wash ch

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9

Undertaker, Hercules Ross

Place of Business, 25 Conway St

Theodore Cook M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Taylor

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 29 Lewis Pl

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Partly asphyxia, partly nervous exhaustion &c

Duration of last Sickness, In bed six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 79

Undertaker, W. James Gray

Place of Business, 20 Mulberry

Dr. G. Lay — M. D.
Medical Attendant.

Address, Balto Gen'l Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Snowden

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 167 Leadenhall st

Cause of Death First, (Primary.) Cancer of the Neck

Second, (Immediate.)

Duration of last Sickness, two and a half months

All the above information should be furnished by the Physician.

Place of Burial, Steps st Cemetery

Date of Burial, March 9 1879

Undertaker, Samuel W. Chase

Place of Business, No 198 S. Howard st

James A Steuart M. D.
~~Medical Attendant~~

Registrar

Address,

HEALTH DEPARTMENT MAR 9 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jos. Vansant

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Charlotte Howard

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* 12 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, ~~Printers Court Bell~~ Entire life

Place of Death, {Give street and number.} Printers Court Bell

Cause of Death, {First (Primary,) Tetter Crust

Second (Immediate,) Marasmus

Duration of Last Sickness, Till five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 9 1879

Undertaker, H W Shaw

Place of Business, No 198 Howard

Address, 44 N Paca St

Robert L Duffy M.D.
Medical Attendant.

HEALTH DEPARTMENT MAR 9 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S'AFETY ▲ FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Gray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

HEALTH DEPARTMENT MAR 9 1879 BALTIMORE

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Colbert Co. Ala.

Duration of Residence in the City of Baltimore, Four yrs.

Place of Death, {Give street and number.} 107 n Sarah Ann St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1879

Undertaker, Wm. N. Dunger

Place of Business, No 10 Stockton Alley

H. F. Hill *M. D.*
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1899 BALTIMORE

Date of Death, March 8th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hitchcock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home of Friends 5. H. Ave - Bloodclots -

Cause of Death, First (Primary,) —

Second (Immediate,)

Duration of Last Sickness, 3 Days —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 10th 1899

Alex Tan Bibber M.D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Address 44 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1879 BALTIMORE

Date of Death, March 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Stumpf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 197 Westport

Cause of Death, {First (Primary,) Phthisis pulmonaris
Second (Immediate,) Laryngitis

Duration of Last Sickness, Since January 79.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 10th 1879

Wm Abbott M.D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 95 S Sharp St

Place of Business, Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Hopkins

Sex, Male or Female, {cross out the word not required in this line.} —

Age, twenty six *Years,* — *Months,* — *Days.*

Color, Colo.

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Oysterman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number} No 1. Short St

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,)

Duration of last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March the 9th/87

Undertaker, Wm A Lannee

Place of Business, 62 East Street

D. C. Ireland M. D.
Medical Attendant.

Address, Corner E. First.

HEALTH DEPARTMENT MAR 9 1879 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1879 BALTIMORE

Date of Death, March 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McWilliams

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 50 N. Bond St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Epilepsy Paralysis

Duration of Last Sickness, six days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Mar 11 1879

Undertaker, Jas O Byrne

Place of Business, 65 Front

J W Hook M.D.
Medical Attendant.

Address, 50 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin L Dubin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Six years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 30 Fawn alley

Cause of Death { First, (Primary.) Scarlatina

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Auburn cemetery

Date of Burial, March 10th 1879

Undertaker, Wm. C. Dunger

Place of Business, No 62 East, 21st

Wm. J. Smith M. D.
Medical Attendant.

Address, No 29 Fawn alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Galloway

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Furniture Waggoner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} Little Mc Elderry st No 41

Cause of Death, First, (Primary.)

Second, (Immediate,) Scrofula

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 10th 1879

Undertaker, Wm. V. Dungee

Place of Business, No 62 East St

E. E. Baldwin M. D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

Date of Death, March 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 131 N. Regester St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10

Undertaker, Abraham Wayman

Place of Business, No 13 Saratoga *Address,* Broadway & Fayette

Wm. H. Purnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Logue

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 71 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } M

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 25 Wyeth St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) General Debility

Duration of last Sickness, 6 Mon

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet'y

Date of Burial, March 11 1879

J. Harvey M. D. Medical Attendant.

Undertaker, or Robert Hood

Place of Business, 59 Wyeth St *Address,* 76 State St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. E. DOLLARY & CO. CITY PRINTERS AND STATIONERS. [974.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Burns

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton cemetery

Date of Burial, March 12th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

Date of Death, March 8th 1879 –

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P. Jones –

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} male

Age, 19 – *Years,* *Months,* *Days.*

Color, white –

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto –

Duration of Residence in the City of Baltimore, Life –

Place of Death, {Give street and number.} 25 & Chew – Dr –

Cause of Death, {First (Primary.) Phthisis pulmonalis. / Second (Immediate.)}

Duration of Last Sickness, 9 months –

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th 1879

Undertaker, Wm. H. Hickman

Place of Business. 234 E. Gay St.

Irving Miller M. D.
Medical Attendant.

Address 226 Augusta St –

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30853

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas J. Taylor

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 203 E. Pratt.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) & Exhaustion

Duration of last Sickness, Three months,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 11th 1879

Undertaker, ...

Place of Business, ...

G. Glanville Cook M. D.
Medical Attendant.

Address, Balt. & Paul. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Waltham

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 55 *Years,* ~~~ *Months,* ~~~ *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} Single

Occupation, Corset Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 223 Lombard St (E)

Cause of Death, {First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 11th 1879

{*Undertaker,* Fry & Bro

Place of Business, 54 N Broadway

Thomas P. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Donnell

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 63 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number} 38 S. Callington Av.

Cause of Death, First, (Primary.) Insanity

Second, (Immediate,) general prostration

Duration of last Sickness, 3 6/12 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 11th 1879

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St *Address,* 27 N. Broadway

D. G. Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 9. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- eceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER]

...he Special Attention ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Lindsay

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 395 S Paca St

Insanity

Cause of Death First, (Primary,)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Haven Connecticut

Date of Burial, March 12th 1879

G W Miltenberger M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address, 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1337

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zachariah Westley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Two *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 318 Low St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Chronic Bronchitis 2 from birth

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 10 1879

L. D. Sies M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 19 S. Howard St. *Address,* 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

Date of Death, 9th March. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernestine Wichler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* Six *Months,* 14 *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia. Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} Ross St. & Jordan alley

Cause of Death, First (Primary,) Enteritis catarrh.

Second (Immediate,) Marasmus.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, March 10th 1879

Undertaker, Chas T. Scriven

Place of Business, 227 N. Eutaw

G. E. Pope. *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Smyth.

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 56 *Years,* 11 *Months,* 14 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Publisher

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Scotland

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give street and number. } 76 E. Pratt St

Cause of Death, { First (Primary,) Intestinal Obstruction. / Second (Immediate,) }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 10th 1879

Undertaker, Jas P Byrne

Place of Business, 63 Front St

J W Houck M.D.
Medical Attendant.

Address, 75 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kate Hanna

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} ~~Mary Kate Han~~

Age, 00 — *Years,* 00 — *Months,* Twenty-five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 66 Argyle Avenue Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 66 Argyle Avenue

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) "

Duration of last Sickness, Eight or ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 10th 1879

{ *Undertaker,* Chas. A. Pounder
{ *Place of Business,* No 518½ W. Balto

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alphonso Young

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 15 *Months,* 21 *Days.*

Color, Colored *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 Pearce St.

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10th 1879

{*Undertaker,* Wm H. Bishop Jr

Place of Business, 97 Smithfield St

J. Zepp M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

30862

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Jeskey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 5 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 12 Hammond Alley

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) ____

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 11th

Undertaker, Hendrickson

Residence of Business, 1 Bond St. E.

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DUKANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th of March 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Lomp.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8. *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 133 North Bond St.

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Debilitas.

Duration of Last Sickness, 7 days under my attention from the 5th

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11

A. R. V. Vinn M. D.
Medical Attendant.

Undertaker, John Hanvey

Place of Business, 352 Aliceanna St. *Address* No 176 Fisguith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. H. Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 218 Sharp St.

Cause of Death First, (Primary.) Convulsions

Second, (Immediate,) Albuminuria

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11 March 1879

Undertaker, McCourt Bros

Place of Business, 20 S. Eutaw St

C. H. Tull *M. D.*
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 30865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Wilmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and number.} 16 Orme Court

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 11 1879

Undertaker, Charles H Herold

Place of Business, 161 Hanover Street

R. W. Cellis *M. D.*

Medical Attendant.

Address 315 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 20 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 12-1879

Undertaker, Saml Bowen

Place of Business, 151 Division St.

Mahlon Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honora McLean

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the ~~City of Baltimore~~, Institution 5 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary.) Phthisis

Second, (Immediate,) asthenia

Duration of last Sickness, congenital

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, March 12 1879

Undertaker, Saml Bowen

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] this Certificate.

Board of Healt[h], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30867

The Physician who attended any person in a last il[lness] is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending t[he] burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bornheim

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out not required} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Was[illegible] city

Duration of Residence in the ~~City of Baltimore~~ [illegible]

Place of Death, {Give street and number} 249 N Bond St

Cause of Death {First, (Primary)} Pulmonary Disease

{Second, (Immediate,)} Asphyxia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemet[ery]

Date of Burial, March 12 1879

Undertaker, Saml Bowen

Place of Business, 157 Division

Physician. [illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

#30868

missing

The Special Attention of Physicians is respectfully invited to the Remarks below. [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bernheim

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* —— *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 247 N Bath St

Cause of Death First, (Primary,) Laryngeal Disease

Second, (Immediate,) Asphyxia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetery

Date of Burial, March 11th 79 Wm B Hunt M. D.

Medical Attendant.

Undertaker, Tyler & Law

Place of Business, 101 Forest St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Bauer

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 1 *Years,* 9 *Months,* 24 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March 10th 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway, *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3087/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Harold Brown

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 35 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engraver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Penna Ave & Lanvale Sts

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, Years — About three months in house

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 11th 1879

Undertaker, C. F. Bigg'd

Place of Business, 2 E. Fay

Richard McSherry M. D.
Medical Attendant.

Address 189 Howard Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bellmer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~ Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bellmier

Duration of Residence in the City of Baltimore, forty Eight Years

Place of Death, {Give street and number.} No 12 Ohio Ave

Cause of Death, First (Primary,) Dropsy General

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 11 1879

Undertaker, J. W. Lemmon

Place of Business, 1886 Hoffman St

J. J. Stutt M. D.
Medical Attendant.

Address 260 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 30873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E. Sandford

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 357 Fulton Ave

Cause of Death, First, (Primary,) 1

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Charles Co. Md

Date of Burial, 12th or 13th March 1879

Undertaker, F. L. Schaefer

Place of Business, 109 N. Fremont

Howard Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ward 1338

The Special Attenti… …r this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Steward

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 196 Church St. between Charles & Liberty (St)

Cause of Death, {First (Primary,) Convulsions.

Second (Immediate,)}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy — Thos H Steward M.D.

Date of Burial, March 10 1879 ~~Medical Attendant.~~

Undertaker, S. W. Chase C. — *Address,* Comm of Health & Registrar

Place of Business, Howard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by D. Vansant

[OVER.]

The Special Atten[illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Warner

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Peach alley

Cause of Death, First (Primary.) Cold.

Second (Immediate,) Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, March 11 1879

Undertaker, Owens & Whitely

Place of Business, 225 S. Eutaw St

James H Hunt M.D.

~~Medical Attendant~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr Fitzpatrick

[OVER.]

KODAK SAFETY F

The Special Attenti… …of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Emkey & Martinus Emkey

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow or Widower~~

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 242 N. Eden St.

Cause of Death, First (Primary,) Spasms

Second (Immediate,) .....

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis Cem

Date of Burial, March 11th 1879

Undertaker, H. Hoech

Place of Business, N. Central av.

James H. Stewart M.D.
Medical Physician.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by J. H. Coulson
[CLERK.]

The Special Attention of Physicians is called to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clifton Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 16 Arlington ave South

Duration of Residence in the City of Baltimore, 3 years & 7 months

Place of Death, {Give street and number.} No 16 Arlington ave South

Cause of Death, First (Primary) ~~Scarlatina~~

Second (Immediate.) Suffocative Catarrhal

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, March 11

M. D.
Medical Attendant.

Undertaker, F. F. Cook

Place of Business, No 167 West Baltimore st

Address No 11 S. Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Eddie Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Eight Months, Twenty seven Days.

Color, Black *Sex,* Male

Married, Single, Widowed or Widower, {Cross out the words not required in this line.}

Occupation, ~~Chin~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestnut st No 18

Duration of Residence in the City of Baltimore, Eight Months Twenty seven days

Place of Death, {Give street and number.} Forest st No 3

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12. 1875

J. E. Gooch *M. D.*

Medical Attendant.

Undertaker, C. N. Drury

Place of Business, East St

Address Cor Aisquith & Fayette sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30879

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon H. Strausmark

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 36 East Eager St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th

Silas W Hinkley M. D.
Medical Attendant.

Undertaker, Geo C Kleinemann

Place of Business, 58 Canton Av *Address,* 97 Gaccenant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30880

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Mullen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 134 William St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Chronic Pneumonia

Duration of last Sickness, 2 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 12th

Theodore Cook M. D.
Medical Attendant.

Undertaker, B. Cook

Place of Business, 1 Light St

Address, 116 Hanover St

MAR 11 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[67 48]

No. 30881

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

Date of Death, March 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence L. Innes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ½ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 39 Randall Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lexington Cem.

Date of Burial, March 11th

Thos. L. Cook M. D.
Medical Attendant.

Undertaker, B. Lane

Place of Business, [illegible]

Address, No 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1339

(OVER.)

The Special Attention [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 30882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. House.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt: md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Ensor & Monument

Cause of Death, First (Primary,) Premature Birth (7 mos)

Second (Immediate,) Mal-nutrition

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, March 11th 1879.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Thos. S. Latimer M. D.

Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Bottrill

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt-

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 181 E. Eager

Cause of Death, {First (Primary,) / Second (Immediate,)} Complication of diseases

Duration of Last Sickness, Eight (8) months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Geo B Reynolds *M. D.*

Date of Burial, March 11th, 1879 Medical Attendant.

{*Undertaker,* Wm. H. Hickman *Address* 44 N. Calvert

{*Place of Business,* 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special At[illegible] of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, [illegible] *Years,* 7 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County, Md

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number} 150 Gough Street

Cause of Death {First, (Primary,) Diphtheria / Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th 1879

[illegible] M. D.
Medical Attendant.

Undertaker, Haughton & Co

Place of Business, 65 S Broadway *Address,* 65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

Date of Death, March 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Alexander Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, S

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 38 Chesnut St

Cause of Death First, (Primary,) Sick but a few hours. Cause indefinate.

Second, (Immediate,)

Duration of last Sickness, Apparently but few hours

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, March 12th 1879

D. W. Cotterell *M. D.*
Medical Attendant.

Undertaker, John Lake

Place of Business, 161 C Balto St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30886

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 335 S Charles St

Cause of Death, First, (Primary,) Phthisis Duration 7 Months

Second, (Immediate,)

Duration of last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 11th 1879

Undertaker, Smith & Penn

Place of Business, 26½ Light St

Theodore Costa M. D.
Medical Attendant.

Address, 106 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30887

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Shank

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 76. *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Morgan Co. Virginia

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and number } 576 Eighth

Cause of Death, { First, (Primary,) — Second, (Immediate,) Obstruction of the Heart

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 11th 1879

Undertaker, Armstrong & Denny

Place of Business, 265 Eighth

Theodore Cooke M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily J. Morrow

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Malignant Tumor of the Ovary

Second (Immediate,) Peritonitis

Duration of Last Sickness, 8 or 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, March 13th 79

W. Holdsworth M. D.
Medical Attendant.

Undertaker, Peter Hammett

Place of Business, 317 Broadway *Address* 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Wood

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 N. Gilmor

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Montgomery Co Md

Date of Burial, March 11th 1879

{*Undertaker,* C. H. Blizzard

Place of Business, Penna Ave

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cummings

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Thirty-nine *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 204 N Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Strangulated Hernia

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 13th 1879

Undertaker, Geo. Haughey

Place of Business, 58 & 60 Fayette St

D. E. Kean *M.D.*
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret D. Meredith

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 66 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Georgetown D. C.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 156 Townsend St.

Cause of Death, First (Primary,) Dilatation & Chronic Valvular disease of Heart - involving the Mitral Valves.

Second (Immediate,) Ascites & infusion into Ventricles of Brain

Duration of Last Sickness, Ill 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy.

Date of Burial, Mch. 12 - 79.

Undertaker, Lucas & Mowen.

Place of Business, 38. Park Ave.

Jno F Powell M. D.
Medical Attendant.

Address 227 Saratoga Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honorah Brady

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth..} Ireland

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number} 166 Hughes

Cause of Death, First, (Primary.) Believed to be

Second, (Immediate,) Heart disease

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 12-79

Undertaker, C. F. Krause

Place of Business,

R. C. Lee M. D.
Medical Attendant
Coroner S. D.

Address, Hanover Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Dennick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 100 Barre St

Cause of Death { First, (Primary,) Typhoid fever
, { Second, (Immediate,)

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md.

Date of Burial, March 12-79

Undertaker, C F. Krause

Place of Business, 209 Hanover st. *Address,*

L Thurlow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1340

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia May Harper

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 3 years 8 months

Place of Death, {Give street and number.} 160 N Eutaw St

Cause of Death, {First (Primary,) Carcinoma Breast

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, March 12th 1879

{*Undertaker,* John J Andrews

Place of Business, Baltimore Md

J. A. Chilcoat *M. D.*

Medical Attendant.

Address, 157 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin O Hutchinson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Magistrate

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 191 S Ann St

Cause of Death, First, (Primary,) Paralysis, (Hemiplegia)

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist burying

Date of Burial, March 12th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

Thomas D. Evans M. D.
Medical Attendant.

Address, 29 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30896

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 Years, 2 Months, 2 Days.

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} No 28 Bolton St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Convulsions

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

M. D.

Medical Attendant.

Place of Burial, Green Mount

Date of Burial, March 12 1879

Undertaker, J. F. Chas. H. Gerard

Place of Business, [illegible]

Address, Courtland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30897

MAR 12 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Carson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty four (44) *Years,* three (3) *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 118 S Peter St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 12th 1879

Jno J Bond *M. D.*
Medical Attendant.

{ *Undertaker,* John Meagher
Place of Business, Pacca & Camden

Address 40 Jarvis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philipp Theile

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 23 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, seventeen years

Place of Death, {Give street and number.} At 43 Marion Street

Cause of Death, First (Primary,) Erisypelas facici.

Second (Immediate,) Apoplexia cerebri.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th 79

Undertaker, John Teufel

Place of Business, Baltimore St between Fremont & Pospelton

Henry Salzer — M. D.
Medical Attendant.

Address 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

30899

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 11. 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Plate

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 1 Yrs

Place of Death, { Give street and number } N.E. Cor. Mulberry & Lorena'de

Cause of Death, First, (Primary.) Pneumonia &C

Second, (Immediate,)

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Mar 12th 1879

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...special attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Carvile

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 70 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Penn St —

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) ~~Do~~

Duration of Last Sickness, One day —

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, 13th March 1879

Undertaker H. H. Jenkins & Son

Place of Business, 16 Light st

Chas. F. Mitchell M.D.
Medical Attendant.

Address, 179 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30901

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anne Victoria Elsner

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 8 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 264 Johnson St.

Cause of Death, First, (Primary,) indigestion

Second, (Immediate,) convulsions

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, —

Date of Burial, —

Undertaker, —

Place of Business, —

J. H. Smith M. D.
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Worden

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 26 East Pl

Cause of Death { First, (Primary,) Second, (Immediate,) } Tubercular Meningitis

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 1879

Undertaker, Wm. H. Duncan

Place of Business, 1062 East St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 157 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30963

MAR 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Corrigan

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widower

Occupation, ———

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, { Give street and number } 67 N. Exeter St

Cause of Death, { First, (Primary.) old age

Second, (Immediate.) ———

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 12 1879

Undertaker, James O Byrne

Place of Business, No 62 N Front St

——— M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Ann Goodhues

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 29 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Thames

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Geo Brigundow M. D.
Medical Attendant.

Date of Burial, March 12th 1879

{ *Undertaker,* Jas. L. Byrne
{ *Place of Business,* 63 Thames St *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Allen

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School Student

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, Eight days

Place of Death, {Give street and number} 65 N. Broadway

Cause of Death, First, (Primary.)

Second, (Immediate,) Cerebro-Spinal Meningitis

Duration of last Sickness, Twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Christiana Del.

Date of Burial, March 13th 1879

E. P. Britton M. D.
Medical Attendant.

Undertaker, Chas. S. Hughes

Place of Business, 60 E. Baltimore St. *Address,* Broadway & Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER]

The Special Attention of [redacted] rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Irene Coates

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, ~~[redacted]~~ *Years,* 11 *Months,* 9 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Co Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 73 Robert St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md

Date of Burial, March 12th 1879

{*Undertaker,* L. W. Chase

Place of Business, Howard St

Samuel Steiner M.D.

~~Medical Attendant.~~

Address. Comm of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 13/4/1 — Exam by —

[OVER.]

No. 30907

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 1879 BALTIMORE

Permit No. 30907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch. 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bolgiano

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 9 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 98 Third St.

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, over 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Mch 13. 1879

Undertaker, John Lake

Place of Business, 161 E. Balto St.

Geo. A. Wattenaud M. D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C. Hopkins

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Granby St

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 12 1879

Undertaker, J. S. Bloughs

Place of Business, E. Balto St

Wm H Steuart M.D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by B. Disp. Sec.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 12 1939

Permit No. 30909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Corrilla Dean

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* Five *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, First & last 20 yrs. 5 yrs last time

Place of Death, {Give street and number.} 79 N Fulton St

Cause of Death, {First (Primary,) Hypertrophy of the Heart
Second (Immediate,) Secondary Congestion of the Lungs

Duration of Last Sickness, Altogether about 18 mo, worse 2 Months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park cemetery

Date of Burial, March 12 th 1879

{*Undertaker,* J B Cook
Place of Business, No 707 W Baltimore Street

Elias C Price M. D.
Medical Attendant.

Address 262 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 12 1917

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie & Conrad G. Baker (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ Months, Days.

Color, White 1 4

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 720. Hanover Alley

Cause of Death First, (Primary,) Ulcerated Stomach - 2 Months

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 14 1917

Undertaker, P. Conway

Place of Business, 717 Madison Ave

Raymond Monroe M. D.
Medical Attendant.

Address, 467 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ... to the Law on the other side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Kent

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 15 W. Chestnut St.

Cause of Death First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th 1879

Undertaker, M. A. Daiger

Place of Business, 711 S. Broadway

John F. Monmonier M. D.
Medical Attendant.

Address, 511 Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Gojart

~~Sex,~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 Weeks ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 41 Saratoga St

Cause of Death {First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemy

Date of Burial, March 12/79.

Undertaker, D. D. Rasin

Place of Business, 97 Orleans St

Thomas B. Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Folkes

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 2nd 89

Undertaker, Theo J Fockler

Place of Business, 1 B Jefferson *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LEARY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dunn

Sex, Male or Female. {Cross out the words not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gate Keeper at Park

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 N Arlington Avenue

Cause of Death, {First (Primary,) Valvular disease of Heart

Second (Immediate,) Gastric Catarrh

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, H Peters

Date of Burial, 13th March

Undertaker, Walter Cadogan

Place of Business, 227 Pratt

Edwd J Michelsen M.D.
Medical Attendant.

Address, 279 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Saunders

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 140 Johnson St.

Cause of Death, First, (Primary,) Capillary Bronchitis,

Second, (Immediate,) 6

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 14th 1879

J. C. Harrington M. D.
Medical Attendant.

Undertaker, Henry Saunders

Place of Business, 250-2 Canton Ave. *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Barton

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} York Penn.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 96 Shanby St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Dropsy

Duration of last Sickness, Some Years, exact time unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 13

Undertaker, J Whatton

Place of Business, 233. Bal't St

C J Way M. D.
Medical Attendant.

Address, 19 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henr: Theodor Klein

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West phalia Prussia

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number} 94 Lemmon St.

Cause of Death, {First, (Primary,) Paralysis

Second, (Immediate,) Lit. (6) months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem(y)

Date of Burial, 14th March

Undertaker, L Kinnamt

Place of Business, 317 Dulaney

A. L. Spencer M. D.
Medical Attendant.

Address, 879 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Re[illegible]ate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Marry

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Kelleny (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) Apoplexy / Second, (Immediate,)

Duration of last Sickness, a few hours

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 13th 1879

{ *Undertaker,* Henry Schultheis

{ *Place of Business,*

F. A. Warner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th day of March

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice E Brooks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 43 South Republican av

Cause of Death, { First (Primary,) Acute Rheumatism
Second (Immediate,) Metastasis to heart,

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 14th 1879

D. T. McSherry M. D.
Medical Attendant.

{ *Undertaker,* J B Cook
{ *Place of Business,* No 707 W Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 13 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Feildhaust

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Five *Years,* Seven *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 154 Columbia av.

Cause of Death, {First (Primary,) Unknown Infantile

{Second (Immediate.)

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Wallo. Cemetery

Date of Burial, March 13. 1879.

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia Av

DeLancey H. Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th March 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Hickey

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 70 Hanover st

Cause of Death, { First, (Primary,) Meningitis / Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 14th

C. W. Webster M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 n Liberty *Address,* 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia F. Hutchins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 191 N. Caroline St.

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Acute Albuminuria.

Duration of Last Sickness, 1 Week.

All the above Information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Mar 13th

Undertaker, J. P. Byrnes

Place of Business, Front near Low

Jno. T. Powell M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAR
1879
BALTIMORE

Permit No. 39923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Wolf

Sex, ~~*Male,*~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* ... *Months,* ... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 240 E Madison St

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,) 6 hours

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 14th

Undertaker, H. C. Wiedeke

Place of Business, 90 Greenmount Ave

Daniel J. Powell M. D.
Medical Attendant.

Address, No 29 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 30924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter McKeven

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty eight *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} # 55 Lemmon St.

Cause of Death First, (Primary,) Exhaustion Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, four years

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross cemetery

Date of Burial, March 14

Undertaker, F B Cook

Place of Business, 707 W. Baltimore St. *Address,* # 684 W Fayette St

J. L. Kuttkuan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Praeger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Three *Years,* Eleven *Months,* Ten *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 813 Baltimore St.

Cause of Death First, (Primary,) Malignant Diptheria

Second, (Immediate,)

Duration of last Sickness, I believe about 3 days. I was not called just before death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, Mch 14/79

Undertaker, Hughes & Co

Place of Business, 600 Fayette St

J. G. Smithson M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mueller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 54 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number} 212 S. Bethel st

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Mount Lorael Cem.

Date of Burial, March 13th

Undertaker, Hayden Sisk

Place of Business, 1 Bond E. 151

Dr. O. Winternitz M. D.
Medical Attendant.

Address, 128 Eden

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...Special Attention of Phys... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Beigerman

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, March 13th

Undertaker, H C Fockler

Place of Business, 246 Eastern Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Tdall.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 1 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 117 Chestnut st.

Cause of Death {First, (Primary,) Second, (Immediate,)} Capillary Bronchitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Mar 13 at 1879

Undertaker, Wm. Madden

Place of Business, 335 N. Gilmore *Address,* 137 ½ Eutaw st

Edward Powers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 1879

CERTIFICATE OF DEATH.

Date of Death, March 11, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonora A. Pennington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Five *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No. 7 Rose St.

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Mar 13 th 1879

W. H. Thompson, M. D.
Medical Attendant.

Undertaker, W. H. Maddox *Address* 41 Orchard St.

Place of Business, 335 N Gouard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Owens Hitchins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 11 West Sterling st

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1879

Undertaker, C. A. Whitt

Place of Business, Grundy St

Eugene F. Condell *M. D.*

Medical Attendant.

Address 123 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Dock

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Near 100 *Years,* ——— *Months,* *Days*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Marys County Md

Duration of Residence in the City of Baltimore, over 80 Years

Place of Death, {Give street and number.} No 51 Little Harrent St

Cause of Death, {First (Primary.) Old Age / Second (Immediate.)}

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 15-th 1879

{*Undertaker,* John C Jordan Jr / *Place of Business,* Park Avenue near Mulberry}

John A Mc Shane M.D.
~~Medical Attendant~~

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Jos. Parsons

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Otis Parker

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~

Age, ~~=~~ Years, 9 Months, 12 Days.

Color, Negro

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 101 Harmony Lane

Cause of Death { First, (Primary.) Second, (Immediate.) } Membranous Croup.

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1879

Undertaker, Samuel Wilson

Place of Business, 1918 Hanover St

Wm A. B. Sellman M. D.
Medical Attendant.

Address, 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Glenn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days.*

Color, ~~c~~ d *Sex,*

Married, ~~*Single,*~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 8 Wilmot Court.

Cause of Death, First (Primary,) Pthisis Pulmonalis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months in bed.

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, March 13/79

Undertaker, Samuel McElwee

Place of Business, 195 E Lombard St *Address* 195 E Lombard St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 30934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Washington

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Spring Garden Av.

Cause of Death, {First (Primary,) Dentition

Second (Immediate,) .....

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Conn

Date of Burial, March 14th 1879

Undertaker, H. Rees

Place of Business, Conway St

James H Hunt M. D.

~~Medical Attendant~~

Address. Comm. of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. Dansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Husband

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 381 W. Lombard

Cause of Death, First (Primary,) Pulmonary Heart Disease

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 15th 1879

Undertaker, John S. Weaver

Place of Business, # 22 W Fayette St

Edw. F. Michels M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Gross

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, One Years, ____ Months, two Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 1 Claret Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, March 14

Undertaker, Hercules Ross

Place of Business, 95 Conway St

T. J. Ward M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Stewart

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 235 E Chase St

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Inanition

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral

Date of Burial, March 14th 1879

{ *Undertaker,* Jas. Byrnes / *Place of Business,* Front St

Wm. Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Schulz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} N. 1 Lemmon court

Cause of Death, First (Primary,) Pulmonary Phtisis.

Second (Immediate,) general Cadexia

Duration of Last Sickness, 1/2 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 15 79

Undertaker, John P. Paulus

Place of Business, 66 Fraser Ave

Henry Taber M. D.
Medical Attendant.

Address 160 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ck of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Geo Dohenning (Parents)

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ 9 hours *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 258 N. Calhoun St

Cause of Death, First (Primary,) Premature Birth (8 mos

Second (Immediate,) Spasms

Duration of Last Sickness, all is Life.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 14th 1879

Undertaker, or Geo Dohenning

Place of Business, N. Calhoun St

James A Steuart M.D.

~~Medical Attendant.~~

Address, Comm. of Stat & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd. Jas. Dawson A. S.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hedrick

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 82 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baptist Hospital

Cause of Death, First (Primary,) old age

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, March 14th 1879.

Undertaker, P. & F. Frey

Place of Business, 41 Eutaw St

Oscar J. Cokery M.D.
Medical Attendant.

Address, 18 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th. March 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Reineke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Collier

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Luther, Brunswick, Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Canton Avenue, No. 340

Cause of Death, {First (Primary,) Pericarditis rheumatica. Second (Immediate,) Hydropericardium

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Cemetery

Date of Burial, March 15th 1879.

Undertaker, Thomas Lynch

Place of Business, 1 Baker Street

William Heuel M. D.
Medical Attendant.

Address S. Wolfe Street 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14 1879

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Gerhard Helming Sen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* Two *Months,* twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 224 S. Bond Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 15 1879 Jno H Leudrum *M. D.*

Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30943

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 14 1879

CERTIFICATE OF DEATH.

Date of Death, March 12th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent Kanny

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 25 yrs. *Years,* — *Months,* — *Days.*

Color, Blonde

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman U. S. service

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital Cor. Lovern & Lreland St.

Cause of Death { First, (Primary.) / Second, (Immediate,) Pleuro Pneumonia

Duration of last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, March 12 1879

Undertaker, Fred A Kercher

Place of Business, 50 S Carollton Av

T. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leach

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 13. 1879

Undertaker, David Bowser

Place of Business, 156 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Simms

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Unknown,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Not Known, Unknown.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital, Phthisis.

Cause of Death {First, (Primary,) Ephamsteen

Second, (Immediate,)

Duration of last Sickness, Two Years.

All the above Information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, March 14th 1879

Undertaker, Pat Mullin

Place of Business, Cambridge St

J. W. Chambers, M. D.
Medical Attendant.

Address, City Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

No. 30946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. DEC 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th March 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Moran

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, { Give street and number } 100 Gordon alley

Cause of Death, First, (Primary) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, March 15th 1879

Undertaker, Wm Dunn

Place of Business, 263 Fayette *Address,* 57 Burnet

J. J. W. Welsted M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore,

Permit No. 30947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hale Bair

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Mar 15th

{*Undertaker,* Jno E Slaughter

Place of Business, 319 Penna Ave

Chas Fawcett *M. D.*
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gibson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 10 Pairpoint Ct

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, March 15th 1879

Undertaker, S. W. Clark

Place of Business, ...

Sam'l J. Bell *M. D.*
Medical Attendant.

Address, 134 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

Permit No. 30949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Crew

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 13 *Months,* ~~Days.~~

Color, Cold

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 39 Bunyard St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 39 Bunyard St

Cause of Death {First, (Primary,) Second, (Immediate,)} Suffocation Catarrh

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1879

Undertaker, S. W. Clark

Place of Business, Howard St

Geo. W. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella G. Bladri

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 8 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 26. S Eden St.

Cause of Death, First (Primary,) Burn

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mch 15th 1879

Undertaker, Fry & Bro

Place of Business, Broadway

Geo. L. Kinnemon M. D.
Medical Attendant.

Address 93 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Thompson,

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White.

Married, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Sea Captain,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 51 Hanover St. (E.)

Cause of Death, {First (Primary,) Rheumatism,

Second (Immediate,) 6 mos,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16 1879

Undertaker, Keughes & Co

Place of Business, 66 S Broadway

J. N. Hanck, M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Morningstar

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her Life.

Place of Death, {Give street and number.} Shell 14 Mulberry Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 16th March 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St.

A W Jones M.D.
Medical Attendant.

Address, No 84 Lombard Street.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hove

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lager Beer Store

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Yrs 15 years

Place of Death, {Give street and number} 1 Dunnock Ave

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, March 16th 1879.

Undertaker, L. Ritz

Place of Business, No. 129 E. S. Broadway

_____ *M. D.*
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Logue

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland about 40 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 1 Conway near Eden about 5 years

Cause of Death, First, (Primary,) Old age and infirmities

Second, (Immediate,)

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 15th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special ATTENTION of Physicians is respectfully invited to the remarks below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
15
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Burns

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} United States (Baltimore)

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 26 E. Pratt St

Cause of Death, First (Primary,) .....

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 15 1879

Undertaker, James P Byrne

Place of Business, No 63 Pratt St

E Especian ..... *M. D.*
Medical Attendant.

Address, 10, [illegible] St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Pigt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 M *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Children

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} S. W. Cor Eutaw and Lanvale

Cause of Death, First (Primary,) ..... Second (Immediate,) Consumption

Duration of Last Sickness, Many Years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery — W. R. McWilliams, M. D. Medical Attendant.

Date of Burial, 17 of March

Undertaker, Adam Fink *Address* 71 Franklin St.

Place of Business, 461 Park Ave ~~St~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death { First, (Primary.) ——
Second, (Immediate,) Typhoid fever

Duration of last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 15th 1879

Undertaker, D B Cook

Place of Business, No 707 W Baltimore street

Edmund C Rice M. D.
Medical Attendant.

Address, Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Cornish

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 82 Ohio St.

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 15th 1879

M. D.
Medical Attendant.

{ *Undertaker,* Wm L Gray
{ *Place of Business,* 65 Mulberry St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 March 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Cole

~~*Sex, Male* or *Female*~~, {Cross out the words not required in this line.}

Age, 32 *Years,* — *Months,* *Days*

Color, Black

Married, ~~*Single, Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 334 N. Howard.

Cause of Death, {First (Primary,) phthisis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, March 18th 1879

{*Undertaker,* Wm James Gray

{*Place of Business,* 65 Marlboro St

G Lane Tanyhill M.D.
Medical Attendant.

Address, 129 N Bridle st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Dunn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 68 N. Calvert St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brea Cemetery

Date of Burial, March 16 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Henry M Amos M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wm Henry Powell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 32 S Durham St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Asphenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 16th 1879

..... *M. D.*
Medical Attendant.

Undertaker, John W. Locke

Place of Business, Wolf St *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Troyer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Immitsburg Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} 150 George St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Disease of Heart

Duration of last Sickness, Sudden death, but had ill health for a long time

All the above information should be furnished by the Physician.

Place of Burial, Frederick city

Date of Burial, March 15

Undertaker, C H Biggard

Place of Business, 201 Pratt

Geo C Apple Comer M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1346

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Sorrell

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 4 *Years,* —— *Months,* —— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Orchard St

Cause of Death, First (Primary,) Scarlatina (some months ago)

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 15th 1879

Undertaker, Wm H Bishop

Place of Business, 2nd Hilliard

Thomas A Sloan M.D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jas. Vansant D. Inspr

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Hitch

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 57 *Years,* 4 *Months,* — *Days*

Color, White

Married. ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset County Maryland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} No 32 Gist St

Cause of Death, {First (Primary,) — Abscess of Kidney —

{Second (Immediate,) — Septicemia —

Duration of Last Sickness, Three Months in all

All the above Information should be furnished by the Physician.

Place of Burial, M E B. Yd. Phil. Road

Date of Burial, March 16. 1879

{*Undertaker,* M A Daiger

{*Place of Business,* 74 S. Broadway

Thomas J. Evans M. D.
Medical Attendant.

Address, No 22 Cockeysville

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Malloy

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 144 Gough St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) 6 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, March 18. 1879

Undertaker, M. A. Dayn

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday March 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mappie E. Jones

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, Years, 11 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 7 E. Cardeen St.

Cause of Death { First, (Primary,) Tuberculer Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, March 17

{ *Undertaker,* Hamden Light

Place of Business, Broadway

Abram Blundell M. D.
Medical Attendant.

Address, 7 E Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below and on Page

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah E Smith -

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elmira. New York -

Duration of Residence in the City of Baltimore, 18 Years -

Place of Death, {Give street and number} #499 Madison ave -

Cause of Death First, (Primary,) Ulceration of the Bladder

Second, (Immediate,) marasmus -

Duration of last Sickness, 15 months -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy. 9. Shotwell Townsend not for

Date of Burial, March 17th 79 Thomas Shearer M. D.

Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave *Address,* #97 W. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brinkley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 26 years.

Place of Death, {Give street and number} 706 Light St.

Cause of Death { First, (Primary.) Cancer of Stomach
, Second, (Immediate,)

Duration of last Sickness, about 18 month confined to House 4 month.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetary

Date of Burial, March 16" 1879

Undertaker, P. Seewald

Place of Business, 35 S. Eutaw St

P. J. N. Tall *M. D.*
Medical Attendant.

Address, 152 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th March 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretha Freyer

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* 4 *Months,* 0 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } District Gelshausen (Germany)

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 83 Pennsylvania Ave.

Cause of Death, First (Primary,) Old age

Second (Immediate,) debility & dropsy

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, March 17. 1879.

Dr. Weldman M. D.

Medical Attendant.

Undertaker, Georg Lafrum

Place of Business, 21 Baltimore Avenue

Address 120 East A Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Landlord

~~Son, Male or~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* one *Months,* 29 *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md B Co Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 Madison St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Pleuro Pneumonia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 16th

Undertaker,

Place of Business,

Thomas Drummond M. D.
Medical Attendant.

Address, City Hospital Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

No. 30971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea E. K. Krieger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Niles Cook, Ills.

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number} 161 S. Broadway

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) Paraplegia

Duration of last Sickness, About 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 17th March

Undertaker, Frear Bacide

Place of Business, 29 S. Caroline st

L. O. Muhlemann M. D.
Medical Attendant.

Address, 125 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 30972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Pamphion

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 64 Ramsey St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

J. Tyler Smith & H. F. Hall M. D.
Medical Attendant.

Undertaker,

Place of Business, Address, 203 S. Fourth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Murphy

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Fall St

Cause of Death, {First (Primary,) Marasmus; Second (Immediate,) Exhaustion}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, March 14th 1879

Undertaker, C. H. Conway

Place of Business, Pine East Cor of

James J. Bell M. D.
Medical Attendant.

Address, 134 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Theils

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 219 Dunkan St (N)

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ch

Date of Burial, March 16-79

Undertaker, Thomas & Owings

Place of Business, 470 Monument St

Edwd F. Mullican M. D.
Medical Attendant.

Address, 279 N Linden

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1879 BALTIMORE

Date of Death, 2.30 PM March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 2 1 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 289 North Bond Street

Cause of Death, {First (Primary,) Diphtheria (Croupous Form)

{Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 16 1879

Charles H Ronalt M. D.
Medical Attendant.

{*Undertaker,* James P Byrne

{*Place of Business,* No 63 N Eutaw *Address* 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Tuckermann

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 29 Forrest St,

Cause of Death { First, (Primary,) Pneumonia. / Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Few Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

J. G. Lucien M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Banks

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 19 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 792 Hanover st

Cause of Death { First, (Primary,) Scarlatina
Second, (Immediate,) Pneumonia

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16 1879

Undertaker, Wm. H. Dungee

Place of Business, No 62 East St *Address,* 137 Calhoun St

J. J. Groll M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C Thomas

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Steward

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 100 Raborg st.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 16th 1879

Undertaker, W. M. Dunge

Place of Business, 62 East st

Wm. H. Hunt M. D.

~~Medical Attendant.~~

Address, Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

examined by Jas. Vansant

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Love Victor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 142 S. Durham

Cause of Death First, (Primary,) Intermittent Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 16 1879

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

G. A. Hill M. D.
Medical Attendant.

Address, 142 S Durham

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara S. Strattner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years.

Place of Death, {Give street and number} 35 Eastern Ave

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) old age

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th

Undertaker, Henry Brine

Place of Business, 252 Alice st

H. O. Johnson M. D.
Medical Attendant.

Address, 82 E. Fayette St

HEALTH DEPARTMENT MAR 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* *Days.*

Color, Copper. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Phlegmonous erysipelas

Second (Immediate,) Meningitis (cerebral)

Duration of Last Sickness, about two days (Supposed by)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 16th 1879

Undertaker, Theo. J. Locke *Address*

Place of Business, 76 Jefferson St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 386 Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Spring Point

Date of Burial, March 18 1879

C. H. Crist M. D.
Medical Attendant.

Undertaker / *Place of Business,* 707 W. Baltimore *Address* 1857 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lee Bowen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 5 *Months,* 14 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Bolton alley

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,) "

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chapel St. B'more

Date of Burial, March 17 79

Undertaker, Wm. J. Miller

Place of Business, 307 Madison

B B Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the f the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lea M Shipley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} X

Age, 24 *Years,* 7 *Months,* 27 *Days.*

Color, White *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} 354 Lanvale

Cause of Death; {First (Primary,) Child birth

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bauserville Md

Date of Burial, March 15/79

Undertaker, Hughes & Co

Place of Business, 660 W Fayette St *Address* 55 Sharp St

Wm C Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn. City, since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 49 E. Centre ave

Cause of Death First, (Primary.) Obstruction of throat

Second, (Immediate.) Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 16th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

G. L. Wilkins M. D.
Medical Attendant.

Address, 49 E. Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Clarence Webb

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 Arch St

Cause of Death, First (Primary,) Pertussis. Mal nutrition

Second (Immediate,) Atrophy artificial

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 17th 1879

James H Chisolm M.D.
Physician or Undertaker.

Undertaker, S. W. Chase

Place of Business, Howard St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jo Vansant

[OVER.]

No. 30987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Koch

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty one *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} 139 S Broadway

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Three Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Christ Lutheran Cem'ty

Date of Burial, March 17/79

Undertaker, W M Longfield

Place of Business, 814 Eutaw St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to those on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nova Scotia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 87 S. Broadway

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Hydrop Pericardii

Duration of Last Sickness, 6 or 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 18th 1879

H. R. McHenry M. D.
Medical Attendant.

Undertaker, Murphy & Co

Place of Business, 658 Broadway

Address 71 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Murphy

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 33 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Professor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St. Thomas, West Indies

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, { Give street and number } 139 Jefferson St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th 1879

Undertaker, H. A. Saiger

Place of Business, 74 S. Broadway

E. B. Britton M. D.
Medical Attendant.

Address, Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 30990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Ridgely

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Eighty *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Cook.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 1044 Thames

Cause of Death, First (Primary,) Hypertrophy of Heart

Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery 4 P.M. 20 Years M. D.

Date of Burial, March 17 1879 Medical Attendant.

Undertaker, W. Jones Gray

Place of Business, Address 103 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Ann Loarnes

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, {Give street and number} 318 E. Chase St.

Cause of Death First, (Primary.) Chronic Rheumatism

Second, (Immediate,) Asthenia

Duration of last Sickness, Eight years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18th

Undertaker, Geo W Spence

Place of Business, 206 Forest St

Saml E Cowell M. D.
Medical Attendant.

Address, 29 Lisquette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Hitchcock

~~*Sex,* Male or *Female*~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #6 Federal St

Cause of Death, First, (Primary,) Inflammation of bowels

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, March 18 1879

E H Brof M. D.
Medical Attendant.

Undertaker, C. T. Scrivin

Place of Business, Eutaw St *Address,* 56 Charles St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Rust Glauvitts

Sex, Male or Female, {cross out the word not required in this line.} Female

Age 2 *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 327 E. Eager St

Cause of Death, First, (Primary,) Laryngitis Croupous

Second, (Immediate,) & Asphyxia

Duration of last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 17th 1879

Undertaker, John D. Weaver

Place of Business, 422 W. Fayette St

Wm. Elder M. D.
Medical Attendant.

Address, E. Cor Eager St & Carlton Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary E. Jr. Gleyne

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Brooklyn N.Y.

Duration of Residence in the City of Baltimore, Die year

Place of Death, {Give street and number.} 43 E. Libarty

Cause of Death, {First (Primary,) Inter Penal Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 17th March 1879

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light st.

Edwd F. Mitchell M. D.
Medical Attendant.

Address, 270 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Quirk

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 25 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 17th

Undertaker, H. C. Wedefeld

Place of Business, 94 Greenmount Ave

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

Date of Death, March 15th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Addison

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* ½ *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 184 Greenmount Ave

Cause of Death, First, (Primary,) Accident (run over by Stone-Truck

Second, (Immediate,) Body crushed

Duration of last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 19th

Undertaker, H C Weddell

Place of Business, 94 Greenmount Ave

Edmund R Walker M. D.
~~Medical Attendant.~~

Address, Corner Mc 25

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3099

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adolph Burgard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 13 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 80 Hanover St

Cause of Death { First, (Primary,) Pulmonary Catarrh
Second, (Immediate,) Caseous Pneumonia

Duration of last Sickness, 10 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mar 17th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,*

L. Blume *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 30998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Whalen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Penn~~ Va.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} ~~Court.~~ 3 Burrough st

Cause of Death, {First (Primary,) Acute

Second (Immediate,) 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 17th 1879

{*Undertaker,* B. Yates

{*Place of Business,* 111 Light St.

R. M. P. Ellis M. D.

Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Taylor

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 15 *Days*

Color, Colored

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Wrede alley

Cause of Death, {First (Primary,) Pneumonia,
Second (Immediate,) Duo. & Sequelae,

Duration of Last Sickness, 17 days,

All the above information should be furnished by the Physician.

Place of Burial, Lorel Cemetery

Date of Burial, March 17 1879

Undertaker, William Mburger

Place of Business, No 628 East Street

A. A. Fetterhoff M. D.
Medical Attendant.

Address, 77 Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma Parks

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 93 Ford St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 18 "

Undertaker, R. Earle

Place of Business, 711 Light St.

Gordon Coale M. D.

Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1879 BALTIMORE

Date of Death, March 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth P Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Raleigh N.C.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 231. Biddle st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Loudin Park

Date of Burial, March 17th 1879

Undertaker, John F Andrews

Place of Business, No 426 Druid Hill Ave

F. T. Miles M. D.
Medical Attendant.

Address 24 Cathedral st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter H. Vogel

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 50 Years, 5 Months, ~~ Days

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Inn

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 332, N. Gay St

Cause of Death, {First (Primary,)} Bright's Disease

{Second (Immediate,)} Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 18th 1879

{Undertaker, John W. Herring

{Place of Business, 382 Orleans

James H. Steuart, M.D.

~~Medical Attendant~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Examined

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brook

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Two (2) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 317 Hamburg St

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,) —

Duration of last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 18th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* —

Jno D. Blake *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 21004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1879

Date of Death, Sunday March 16 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Francis E Baltzell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 71 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 175 St. Paul St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) —

Duration of last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th March 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address,* Balto.

E. Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Miller

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* 16 *Months,* 15 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Upons Cem

Date of Burial, March 17th

Undertaker, C Frankish

Place of Business, 216 Eastern Ave

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

No. 31006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Martha Dukehart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Pa.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} * 201 Aisquith St.

Cause of Death, First, (Primary.) Carcinoma (5 yrs)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 17th 1879

Undertaker, Wm H. Duckman

Place of Business, 1023 1/2 Gay

A. Hartman M. D.
Medical Attendant.

Address, * 305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WOOLLEY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rotasius Hoenig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 62 Johnson St.

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) Debility

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 17th

BALTIMORE, MD. MAR 17 1879 W. H. SMITH

_____ *M. D.*
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Lyman *Address,* 108 E. Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 31008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1879

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harris & Ben Scott (Parents)

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, — Years, 10 minutes Months, — Days

Color, Colored

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Marsh Market Space

Cause of Death, First (Primary,) ... Second (Immediate,) unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemet.

Date of Burial, March 17th 1879

Undertaker, P. Mullin

Place of Business, Cambridge St

James A Steuart M.D.
~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenniman Sec'y

No. 31009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14/879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Edmondson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 5m *Years,* —— *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} High St Baptist Church Residence 112 S. High St

Cause of Death, First, (Primary.)

Second, (Immediate,) Heart Disease

Duration of last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18th 1879

Undertaker, John N. Weaver

Place of Business, 122 N Fayette St

A Gregg Shertzer M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15-14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Neal

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* Two *Months,* Two *Days.*

Color col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Mechanics Court 1 o/

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 17 1879

E. A. Baldwin M. D.
Medical Attendant.

Undertaker, Charles A Wite

Place of Business, 35 Granby St

Address, 124 n Eyeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mackin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Fifty-one *Years,* Six *Months,* Sixteen *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Marine Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Patterson, New Jersey

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 193 Montgomery st

Cause of Death, {First (Primary,) Phthisis, intercurrent Pneumonia / Second (Immediate,) Extinction

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 19th

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

DeLancy A. Barclay M. D.
Medical Attendant.

Address 47 Conway st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosena Hanson

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number} H H H & Chase Street

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Saml T. Powell *M. D.*
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Higgins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 11 S. Duncan St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Dallas Town

Date of Burial, March 17th 1879

Undertaker, Thos. Wells

Place of Business, 22 Gilmor St

G. W. Link M. D.
Medical Attendant.

Address, Balt. near Pa. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 16th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lu Mc Comas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County Md.

Duration of Residence in the City of Baltimore, Forty six years

Place of Death, {Give street and number} 393 N. Lombard St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) General Debility

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Tuesday Mch 18/79

Undertaker, Jos Lonk & Son

Place of Business, 50 & Fallsave

D. L. Shriver M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 16. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie C. Silk

Sex, Male or ~~Female,~~ { Cross out the words not required in this line. }

Age, 30 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 186 Jefferson St.

Cause of Death, { First (Primary,) Jaundice

Second (Immediate,) 1 Month.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, March 19th

Undertaker, Armstrong & Dunn

Place of Business, 263 Light st

J. W. Hack M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard R Hutchins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 173 North Fremont St

Cause of Death, {First (Primary,) Natural

{Second (Immediate,) Chronic Hepatitis

Duration of Last Sickness, Six Four weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, March 19 79

{*Undertaker,* Armstrong & Denny

{*Place of Business,* No 263 Light-st

E. K. Wiley *M. D.*
Medical Attendant.

Address Corner Fremont & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tilly Hubbard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* 11 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Virginia~~ Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Gals Home No 70 N. Calvert St.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) do — rapid at last

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 19. 1879

{*Undertaker,* John H Weaver

{*Place of Business,* #22 W Fayette

Dr Casey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. McBrierty,

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 405 N. Central Av.

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) .....

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18th 1879

{*Undertaker,* Henry H. Means

{*Place of Business,* 415 N Gay St.

J. W. Hinch M. D.

Medical Attendant.

Address. 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Kane

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 2. *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 38 Orem St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary Cem

Date of Burial, March 18 7

Heuisler Cord M. D.
Medical Attendant.

Undertaker, P. Hale

Place of Business, 41 Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 31020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Harrison

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 5 weeks ~~Months,~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 106 Lancaster St.

Cause of Death First, (Primary,) —

Second, (Immediate,) Catarrh Fever

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 19 March 1879

Undertaker, John C Schuh

Place of Business, 265 Aliceanna

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Cunningham

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundell Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~Disguette~~ Harford Ave 259

Cause of Death, First (Primary,)

Second (Immediate,) Cancer

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 18th 1879

Undertaker, Henry Hoerle

Place of Business, N Central Ave

C H Harper M.D.
Medical Attendant.

Address, 18 Disguette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wallace Redgrave

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 278 E Monument St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Wednesday 18th — E J May — *M. D.*

Medical Attendant.

Undertaker, John H. Weaver

Place of Business, 22 Fayette St — *Address,* 19 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Parker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* ( ) *Months,* ( ) *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ( )

Occupation, ( )

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 40 S Bond St

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18th 3rd

Undertaker, A. & R Bandell

Place of Business, 278 N Ann St

S. [illegible] M. D.
Medical Attendant.

Address, 97 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Marburger

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 256 Hanover Street

Place of Death, {Give street and number} 256 Hanover St.

Cause of Death First, (Primary,) Asthma

Second, (Immediate,) Debility + old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20th

Augustus M. Hodge M. D.
~~Medical Attendant.~~

Undertaker, Henry Brill

Place of Business, Hanover St 81 *Address,* 201 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Birth

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 5 d *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ——— Nursing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 20 yrs

Duration of Residence in the City of Baltimore, 19 Block St

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Acute Bronchitis

Second (Immediate,) A few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, March 19th 79

{ *Undertaker,* Chas. H. Bell

{ *Place of Business,* 19 Block St

Dr. H. Legrue M. D.

Medical Attendant.

Address 1857 Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ~~births and deaths~~ of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. H. Blackstone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Three years —

Place of Death, {Give street and number.} No 87 Perry alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Convulsions

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. *Certified by* F. B. Gardner M. D.

Date of Burial, March 17th 1879 Medical Attendant.

Undertaker, James B. Brackston.

Place of Business, 167 Pres. Ste. *Address* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Arenz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 264 Prop St.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19th

Undertaker, Henry Brice

Place of Business, Henrietta St 81

DR. J. H. SMITH MAR 18 1879 BALTIMORE, MD.

——— *M. D.*
Medical Attendant.

Address, 108 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Russell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 51 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Balto. Md

Duration of Residence in the City of Baltimore, Fifty one Years, one Month, eight days

Place of Death, {Give street and number} 4 Hoyle av

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetary

Date of Burial, March 19th/79

Undertaker, W H Heckman

Place of Business, No 234 N Eutaw St

Louis L Le Mon M. D.
Medical Attendant.

Address, Hanbury & Hoyle avs.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special ... of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe Bomeger

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 8 Edward St

Cause of Death { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate.) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtry

Date of Burial, March 18

Undertaker, Theodore J Sachs

Place of Business, 73 Jefferson St

Saml L Powell *M. D.*
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday March 17 A. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ahmad Tellenkopf.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} # 114 E. Madison St.

Cause of Death, {First (Primary,) Brain Inflammation

Second (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 19 1879

Undertaker, Henry Nicol

Place of Business, Eutaw

Wilmer Brenton M. D.
Medical Attendant.

Address, 25 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Bosley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 39 E. Arnold St.

Cause of Death {First, (Primary,) Chronic Peritonitis

Second, (Immediate,) Asthenia

Duration of last Sickness, Little over a week

All the above information should be furnished by the Physician.

Place of Burial, Old Road Inn E Cemetery

Date of Burial, March 19 79

Undertaker, Fry & Son

Place of Business, 534 Broadway

P. V. Hutchins M. D.
Medical Attendant.

Address, 39 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday March 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Tyler

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 4 Months, 14 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 221 Pine St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) 14 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Mar 1879 =

Undertaker, John C Jordon

Place of Business, 63 Park Ave

J. Dennett Norris M. D.
Medical Attendant.

Address, 467 Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Dooner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 271 Hanover St

Cause of Death, First (Primary,) Natural

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, M. A. Johnsons Co

Date of Burial, 18

Z. K. Wiley *M. D.* Medical Attendant.

Undertaker, C. H. Krause

Place of Business, 209 Hanover St Address Cor Hanover & Ree Strs Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Major Patterson

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~Single~~ Widow ~~or Widower~~

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 167 King st

Cause of Death, {First, (Primary,) Hemorrhage of Lungs / Second, (Immediate,) a few Minutes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. L. Cemetery

Date of Burial, March 18 1879

Undertaker, Fred Ecc A Kerchner

Place of Business, 508 S. Carrollton Ave

Geo C. Cyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Groff.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 9 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give street and number.} 75 Pierce St. / Catholic Infirmary

Cause of Death, {First (Primary,) Second (Immediate,)} Cannot get positive data.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, R. Catholic Cemetery

Date of Burial, 19th March.

Undertaker, Matthew Eagleson

Place of Business, 227 W. Lombard St

Address 136 N. Eden St.

W. E. Mosher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sabrina Louisa Mason

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomack Co Va

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} 175 Lexington st

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis of the heart

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 19, 1879

Undertaker, Wm Weaver

Place of Business, Eutaw St.

R W Miller M.D.
Medical Attendant.

Address, 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clay Oakesley

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 34 *Years,* 2 *Months,* 18 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 34. 2, 18

Place of Death, {Give street and number.} Canada St

Cause of Death. {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, about 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 19 1879

{*Undertaker,* Wm H Buckmaster

{*Place of Business,* 1324 N Gay

Geo W Dayson M.D.
Medical Attendant.

Address. 18 Wiegand St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Landman

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Thames st

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup — / 9 hours —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, March 19th 1879

Undertaker, Pat Mullen

Place of Business,

James A Steuart M.D.

Address. Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by E. Wenman

[OVER.]

...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh McCall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} Locust Point Residence 31 Hamburg

Cause of Death, {First, (Primary,) Drowned / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.

[illegible] Coroner.

M. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander D. Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Asthenia

Duration of last Sickness, 42 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, March 19th 1879

Undertaker, John H. Weaver

Place of Business, 222 W. Fayette St.

David Stull M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...sicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara L Ehrman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single; Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 254 N Bond St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Helena Am

Date of Burial, March 19th 79 A Bruce D Arnold M. D.

Medical Attendant.

Undertaker, Wm Elam

Place of Business, [redacted] Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Riddle

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1st E Pleasant St

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculosis Meningitis

Duration of last Sickness, 1 to 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 19 79

Undertaker, Andrew C Lewis

Place of Business, No 1637 Aisquith

Thomas Cole M. D.
Medical Attendant.

Address, 116 E Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert F. Lovejoy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 46 Sterret st.

Cause of Death, {First, (Primary,) Spasm

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 19. 1879

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave

C. J. Cuddihy M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...dition of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann & Richd. P. Spencer (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 381 Hamburg St

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Spasms

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 20th 1879

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, Julius Koehler

Place of Business, Sharp St

Address, Comm of Health Hotel de Ville

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Vansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Cert No. 31045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beatrice Barron Neale

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 317 Hillen St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery James Boehm *M. D.*

Date of Burial, March 20 Medical Attendant.

Undertaker, F B Cook

Place of Business, 707 West Baltimore *Address* 317 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

No. 31046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10h 30m A. M. 17th March, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Spencer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Thirty eight Years, One Month, Fourteen Days.

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Shirt Maker or Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, 38 years 1 Month & 14 Days.

Place of Death, {Give street and number.} No 24 Clinton avenue, Balt. Md.

Cause of Death, First (Primary,) Congestive Fever

Second (Immediate,) "

Duration of Last Sickness, Nearly Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem

Date of Burial, March 20th 1879

Wm. J. Woods M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 2211 Eutaw St

Address 148 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 31047

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Neal

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy Six *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} Street St. Paul & Fayette

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Congestion of the lungs

Duration of last Sickness, Short time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19, 1879

Undertaker, M. A. Daiger

Place of Business, 714 S. Broadway

Wm. C. Neal M. D.
Medical Attendant.

Address, 6 E. Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About Forty Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} At Draw Bridge —

Cause of Death, {First (Primary,) Drowning / Second (Immediate,)}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, March 18

Undertaker, Patrick Mullin

Place of Business,

W. C. Ireland M. D.
Medical Attendant.

Address Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dill

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 5 0 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death { First, (Primary,) ——
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial 20th March 1879

T. B. Bruce M. D.
Medical Attendant.

Undertaker, Julius Koekert

Place of Business, Sharp & Cross Sts *Address,* University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Joseph Marsden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 132 Preston St.

Cause of Death {First, (Primary.) Cyanosis

Second, (Immediate,) 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem

Date of Burial, March 20th 1879

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St. *Address,* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY ▲ FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward McCann

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number} 234 Hanover St

Cause of Death {First, (Primary.) Pericarditis and Pneumonia
Second, (Immediate.) Pulmonary consumption

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 20th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

Augustus N. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura D. Foote

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~24 years~~ Years, 9 m Months, Days.

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 135 N. Dallas St.

Cause of Death, First, (Primary.) Chronic peritonitis

Second, (Immediate.) [redacted] Gastritis,

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, March 19th 1879

Undertaker, Hall & Locke

Place of Business, 13 Jefferson St.

John S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schwanke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 2 mo & 2 weeks

Place of Death, {Give street and number} 49 Cooksie St.

Cause of Death, First, (Primary.) —

Second, (Immediate,) Believed to be Pneumonia

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, March 19th

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

R. C. Lee M. D.

Medical Attendant.

Coroner

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Evans

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 19th 1879

Undertaker, Fred'k A. Keerl

Place of Business, 50 S. Carrollton Ave

T. B. Brune M. D.
Medical Attendant.

Address, Mercy Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adelaide Price

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore. 6 yrs

Place of Death, {Give street and number.} 78 Chestnut St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1879

Undertaker, W. W. Dungee

Place of Business,

Asst. Supt. M. D.
Medical Attendant.

Address 4 Catherine St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8105.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 3 *Months,* ——— *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Park Ave. Near Hoffman

Cause of Death, {First (Primary,) Cardiac disease: Valvular with Dropsy
Second (Immediate,) asthma

Duration of Last Sickness, Not known: Seen by myself twice

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, March 19/879

S. E. Chew M. D.
Medical Attendant.

Undertaker, Sm W Madden

Place of Business, 335 N Howard st

Address 1411 Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th March 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Zusack

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 10 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widowers

Occupation, No Occupation

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number } 49 Abbott St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick C.

Date of Burial, March 20 1879

Undertaker, Henry Heid

Place of Business, 94 S Broadway

A. F. Erich M. D.
per Mrs. E.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Rosenberg

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 40 S. Sharp

Cause of Death, First (Primary,) Fatty degeneration of heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery Jos. E. Chagett M. D.

Date of Burial, March 20th 79 Medical Attendant.

Undertaker, Wm. Elbow Address 18 S. Eutaw St

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...his Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ Seven Days.

Color, African

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 53 Stockton Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 - Stockton Alley

Cause of Death {First, (Primary,) Congestion
Second, (Immediate,) Convulsions
Neck

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, March 21st 1879

Undertaker, Wm. L. Zinger

Place of Business, 182 Washington Ave

S. Entwisle M. D.
Medical Attendant.

Address, 582 Fort Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...l Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

20 1879

BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta J. Wm Haskell

Sex, Male or Female, {cross out the word not required in this line.} (Parents)

Age, ____ *Years,* 9 hours *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 205 So Washington St

Duration of Residence in the City of Baltimore, since b

Place of Death, {Give street and number} 205 So Washington St

Cause of Death, First, (Primary.) Premature birth

Second, (Immediate,) about the 8th Month

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 20 1879

Undertaker, John C Schuh

Place of Business, 265 Alicanna St *Address,* ____

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 219 Durham St N

Cause of Death, First (Primary,) Scarlet Fever,

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 20-79

Chas. F. Nicholson M.D.
Medical Attendant.

Undertaker, Bruns & Orrings

Place of Business, 70 Monument

Address, 279 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Robert Brigerman

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B'd. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 6 Banke st.

Cause of Death, First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20 March

G. G. Rusk M. D.
Medical Attendant.

Undertaker, Jno Bay

Place of Business, Baltimore St *Address,* Balt. Md. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- ...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edw. Henderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 2 Forrest St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, abt 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1879

Undertaker, Wm. N. Danzell

Place of Business, No 62 East st

Geo. L Kinnemon M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 Yrs.

Place of Death, {Give street and number} 339 S. Charles St

Cause of Death, {First, (Primary.) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, March 22

Undertaker, Andrew J. Downes

Place of Business, 202 Light *Address,* 315 Light St.

R. L. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Danl Meredith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Marble Cutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and number } 512 N. Lombard St

Cause of Death, { First, (Primary,) Typhoid Pneumonia
Second, (Immediate,) Lives (2) Weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, March 20 79

Undertaker, Holmes & Dempsey

Place of Business, 212 Eastpoint

A. L. Green M. D.
Medical Attendant.

Address, 317 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Fanchion

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 1 Anthony St

Cause of Death, First (Primary,) Phthisis —

Second (Immediate,) Exhaustion —

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 20 1879

Undertaker, James O Byrne

Place of Business, Pr 68 N Front St

George Ryan M. D.
Medical Attendant.

Address 48 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Geary

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} No 132 Saratoga

Cause of Death, First, (Primary.) Palpitation

Second, (Immediate,) Hard Drink

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 20th 1879

Undertaker, J B Carl

Place of Business, No 707 N Baltimore st

John J. Fitzpatrick M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Death of Death, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Daniel Owens

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 14 Months, 2 1 Days.

Color, White — *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~England~~ ~~Baltimore~~ Preston St Balto: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Boundary Ave: & 1st Door south of John St

Cause of Death, First (Primary,) Cerebro-Meningitis following

Second (Immediate,) Pneumonia —

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 21/79

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Alfred Powell M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 March 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Wigart

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md —

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Methodist Home Aged, Fulton & Franklin Sts

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mt Cemetery~~ Loudon Park Cemetery

Date of Burial, March 21 1879

Undertaker, John S Thacher

Place of Business, Park & Fayette

Chas Jane Tarrytown M. D.

Medical Attendant.

Address, 129 W Pedale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3107 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie Williams

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. Always

Place of Death, { Give street and number. } Cor. Franklin & Slate Sts 104

Cause of Death, { First (Primary,) Bright's Disease

{ Second (Immediate.)

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laural cemetary

Date of Burial, March 20 1879

{ *Undertaker,* Charles A White

{ *Place of Business,* 35 Granby st

J. Jeffs M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Parkinson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 94 York Av

Cause of Death, First (Primary,) Dr's Phlebitis Laryngitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 20

Undertaker, [illegible]

Place of Business, 227 Hanover St

Edwd F. Michaelsen M.D.
Medical Attendant.

Address, 279 W. Fountain

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Night of March 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Ann Foushee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number.} Lanvale St 179

Cause of Death, First (Primary,) Apoplexy followed by

Second (Immediate,) Chronic Gastritis

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Culpeper C.H. Geo G. Fontaine M. D.

Date of Burial, March 16th Medical Attendant.

Undertaker, Weaver *Address* W. Fayette St

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special S. A. S. M. D.

Permit No. 31073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Laws

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 152 Hoffman St

Cause of Death, First (Primary,) Double Pneumonia possibly Septic

Second (Immediate,) from prolapsed anus

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, March 22 1879

Undertaker, C S Wthase

Place of Business, 178 Howard St

J. E. Robinson M. D.
Medical Attendant.

Address 732 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 Th. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Payne

Sex, Male or Female, { cross out the word not required in this line. }

Age, Two *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 310 Robinson

Cause of Death, { First, (Primary,) Marasmus / Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Pendleton

Date of Burial, March 21 1879

Chas H. Nott *M. D.*
Medical Attendant.

Undertaker, C. H. Chase

Place of Business, 201 S. Howard St

Address, 206 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dolen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty-three *Years,* —— *Months,* —— *Days.*

Color, Black — *Sex,*

~~*Married,*~~ *Single,* If ~~*Widow*~~ *or* If ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No. 9 Clinton Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22 1879

Undertaker, W. Wehage

Place of Business, 1, [illegible] st

F. B. Garaner M. D.
Medical Attendant.

Address 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Born in Baltimore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Baumgarten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1/2 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Corner 45 E. Fayette & Low. Exeter

Cause of Death, First (Primary,) Erysipelas of Leg

Second (Immediate.) Exhaustion

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Loyal St. Cemetery

Date of Burial, March 21st

Undertaker, C. Lemke

Place of Business, 44, 35 Bank St.

C. Liebermann *M. D.*
223 W. Lombard St *Medical Attendant.*

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Cook

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.} Married

Occupation, Hostler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 221 Orleans St

Cause of Death, {First (Primary,) Organic disease of Heart,

{Second (Immediate,) Paralysis of Heart

10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Green Cem'd

Date of Burial, March 20 1879

{*Undertaker,* William Dorsey

{*Place of Business,* No 62 East Street

Thomas J. Evans M.D.

Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sennott Burgess

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One *Years,* Two *Months,* *Days.*

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Stirling No 5

Cause of Death, { First, (Primary.) Whooping Cough / Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 20 1879

E. G. Baldwin *M. D.*
Medical Attendant.

Undertaker, William Monger

Place of Business, No 62 East Fayette St *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Zimmer

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 56 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Cart driver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 67 Chestnut St near Forest.

Cause of Death, First, (Primary,) Cancer of Liver and Bowels

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. | Chas. L. Buddenhop M. D.

Date of Burial, March 21st 1879 | Medical Attendant.

Undertaker, Julius Koehler | *Place of Business,* Sharp & Cross | *Address,* 166 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Grace

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 40 Stiles St

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery / Centennial Grave

Date of Burial, March 21 1879 — Sila D. Hamel *M. D.* Medical Attendant.

Undertaker, A. & R. Bandell

Place of Business, No. 278 N. Ann St *Address,* 97 Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Elmer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } East & Johnson Sts

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Diphtheria

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cem.

Date of Burial, March 2d.

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] Medical Attendant. *M. D.*

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUCLANT & CO. CITY PRINTERS AND STATIONERS.

{OVER}

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Fleet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Four *Months,* and Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 31. Clark St. Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 48. Clark St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 21st

Undertaker, Wm. E. Chenowith

Place of Business, Baltimore & Pa Ave

Saml H. Henry M. D.
Medical Attendant.

Address 198. Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Lee Fleet

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixteen *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia —

Duration of Residence in the City of Baltimore, About two years (10)

Place of Death, {Give street and number.} 48. Clark St.

Cause of Death, First (Primary,) Scarlet Fever (Malignant)

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 21/879

Undertaker, Wm. E. Leonard

Place of Business, Mother & Preble

Saml A. Kleinz M. D.
Medical Attendant.

Address 198. Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Crawford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Chesapeake House Back Basin

Cause of Death, {First (Primary,) Drowning. / Second (Immediate,)}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 2/ 79

Undertaker, Fry & Bro

Place of Business, 37 & Broadway

W. O. Ireland M. D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1879 BALTIMORE

Date of Death, ~~Martha A Davis~~ March 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} 257 Madison Ave.

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C. H. M. Hiteman M. D.

Medical Attendant.

Date of Burial,

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St *Address* 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 1349

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia C. Madden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days.*

Color, Black (colored) (white) *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} No. 9 Pine St.

Cause of Death, First (Primary,) Fibroid Tumor of Uterus

Second (Immediate,) Acute Peritonitis

Duration of Last Sickness, About 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 21. 1879

Eugene F. Cordell M. D.
Medical Attendant.

{*Undertaker,* S. H. Crist
Place of Business, 192 S. Howard} *Address* 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FIL

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Maria Cross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Providence R. I.

Duration of Residence in the City of Baltimore, Since August 1878

Place of Death, {Give street and number.} 120 Lamard St

Cause of Death, First (Primary,) No organic disease whatever

Second (Immediate,) Asthenia from old age

Duration of Last Sickness, gradual failing for 2 months

All the above information should be furnished by the Physician.

Place of Burial, Providence R.I. J. C. Chew M. D.

Medical Attendant.

Date of Burial,

Undertaker, Hy. W. Jenkins & Son *Address* 141 Lamard St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granite 1348

Permit No. 31088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Chalmers Murray

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Professor of Arabic & Hebrew Dept. Gr

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Elizabeth New Jersey

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 249 St. Paul St.

Cause of Death, First (Primary,) Acute Pleurites with Pneumonia

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Elizabeth New Jersey

Date of Burial,

Undertaker, H.W. Deukins & Son

Place of Business, & 16 Light St

DeHaven Gwinn M. D.
Medical Attendant.

Address 917 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1350

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry th. Horr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ~~22~~ 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 685, W. Baltimore St.

Cause of Death, First (Primary,) Catarrh of Chest

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above Information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 21st 1879

Undertaker, Philipp L. Dill

Place of Business, 183 Columbia Avenue

H. W. Webner M. D.

Medical Attendant.

Address 320 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3109.0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12.10 P.M. March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Hoffmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 48 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Varnisher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany: & 19 years in U.S.A.

Duration of Residence in the City of Baltimore, 19 years Since 1860

Place of Death, {Give street and number} No 4 Webb's Alley

Cause of Death { First, (Primary,) Phthisis Pneumonica Chronica
Second, (Immediate,) Asthenia

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial Ss Alphonsus Cem

Date of Burial, March 22, 1879

{ *Undertaker,* Stenzy Hoock
{ *Place of Business,* 309 Orford Ln

Jno. N. Coman M. D.
Medical Attendant.

Address, 318 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Emi

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Halford Road N. of Eager

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, For a year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 22, 1879

Chas C Bowman M.D.
Medical Attendant.

Undertaker, Henry Lynch

Place of Business, 30 Eastern Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Dudson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* 111 *Days.*

Color, Mulatto

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} #235 N. Bond St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 22d

George A. Naftman M. D.
Medical Attendant.

Undertaker, Frey & Bro

Place of Business, 534 Broadway *Address,* #305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Julia Bentley

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, *Years,* 7 *Months,* 2 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 92 Lancaster St

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, 7 days 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 22d 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

[illegible] M.D.
Medical Attendant.

Address. 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E. Slater

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wash Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Punch alley 6 near Patterson Pk

Cause of Death {First, (Primary.) Asthma

Second, (Immediate,) ———

Duration of last Sickness, 4 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Hamilton

Date of Burial, March 21 1879

Undertaker, S. W. Chase

Place of Business, 197 E. Howard St

G. W. Harris M. D.
Medical Attendant.

Address, Cor. Strieker & Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...his Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Eleanor Chase

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* One *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 159 Sarah Ann St

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Inanition

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, March 21 1879 James F. Clemm M. D.
~~Medical Attendant.~~

Undertaker, Fred A. Kerchner

Place of Business, Carrollton Av *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Fitzpatrick [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3[illegible]96

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jackson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 hours ~~Days~~

Color, Colored

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 18 Winter alley

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,)

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, March 21. 1879

{ *Undertaker,* Jacob Davis
{ *Place of Business,* Lee st

James A Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health & Regulator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bennet Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 163 York st

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2½ Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laura Cemetery

Date of Burial, March 22 th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. Harvey Hull M. D.
Medical Attendant.

Address, 119 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lelia Taylor

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 9 Burgundy Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 th

Undertaker, Reuben S Boss

Place of Business, 95 Gonway St

Wesley Cox M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stokes alias Jane Fields

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wash woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Balto. City Jail

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, E. Bal Cemetery

Date of Burial, Mch 21 1879

Undertaker, P. Mullin

Place of Business, Cambridge St

J. H. Hoeck M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mechanicstown Frank Co. Md

Duration of Residence in the City of Baltimore, 46 y

Place of Death, {Give street and number} Fayette St. Balto

Cause of Death {First, (Primary,) General debility

{Second, (Immediate,) Bronchial Pneumonia 7 days

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Mt. consd vault

Date of Burial, March 22nd 1879

Undertaker, J. B. Cook

Place of Business, No 707 N. Baltimore street *Address,* 46 Fayette St.

A. Dennis Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1351

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 3/101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca A Stanford

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } ✓

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Kent Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 121 N Fulton Av

Cause of Death, { First (Primary,) ~~Chronic~~ Bronchial Catarrh / Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Six weeks & 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem^y

Date of Burial, March 22/79

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Medical Attendant. M. D.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Pierce

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, Dark

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} 79 Dover Street

Cause of Death, {First (Primary,) Natural

Second (Immediate,) Laryngeal Tuberculosis

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 23. 1879

{*Undertaker,* S. H. Chase

Place of Business, 84 & 86 Hanover st

G. K. Wiley M. D.
Medical Attendant.

Address Comm. Hanover & Lee Sts
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Gen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 16 *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 5 Josephine St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22 1879

{*Undertaker,* Wehman

Place of Business, 1488 Howard St

Chas H Knox M. D.
Medical Attendant.

Address 22 Fayette St

HEALTH DEPARTMENT MAR 21 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 26 1914

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth (Coleman)

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 2 Dunbery

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29 1914

Undertaker, C W Chase

Place of Business, 1988 Edmondson Ave

J Dimmitt Norris M. D.
Medical Attendant.

Address, 1467 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Reidy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 Hanover avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 9 Months

Duration of Last Sickness, I saw her one time a month or two ago.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 22 March 2 Oclock

Geo. Brkey, M. D.
Medical Attendant.

Undertaker, George C. Rodenmayer *Address* 453 N. Calvert

Place of Business, 38 Green Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21. 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Fitzgerald

Sex, Male or Female, { cross out the word not required in this line. }

Age, 12 *Years,* 11 *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 109 Sharp Street

Cause of Death { First, (Primary,) Bright's disease
Second, (Immediate,) 3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, March 24th

{ *Undertaker,* Henry Boelle
{ *Place of Business,* Henrietta 218 | *Address,*

D. Deuman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella C. McNeal

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 Years, *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salisbury, Wicomico Co Md.

Duration of Residence in the City of Baltimore, 2 Months.

Place of Death, {Give street and number} 125 Fort Ave.

Cause of Death {First, (Primary,) Phthisis Pulmonalis, Second, (Immediate,) 6 or 7 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Burial Ground.

Date of Burial, Mar. 23d 79. 2 P.M.

Undertaker, Jno Armstrong & Denny

Place of Business, Light & Montgomery

H. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lut

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 135 S. Caroline St

Cause of Death First, (Primary,) Chronic Colitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 22nd '79

Albert H. Blaul M. D.
Medical Attendant.

Undertaker, C. H. Pearce

Place of Business, 220 Aisquith St

Address, 601 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 3176[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Drury

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number.} Patterson Av Wohatcost St

Cause of Death, {First (Primary,) Old age} {Second (Immediate,) Paralysis}

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 23rd 1879

Undertaker, Chas. T. Scriven

Place of Business, 211 N Eutaw St

D. E. Addison M. D.
Medical Attendant.

Address 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barbara Bollinger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 45 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wurtenberg. 10 years in U. S.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} St. Peters St No 2

Cause of Death, First (Primary,) Abdominal Tumor

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Alfonsus Church Cemetery

Date of Burial, 23 March 1879

Undertaker, Sammet

Place of Business, 317 Mulberry St.

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 1111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benzamin Reily

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 71, ~~18~~ Fayette St

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Apnoea

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22nd 1879

Undertaker, Abraham Wyman

Place of Business, No 18 East Fayette St

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. D. Hunter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifftime

Place of Death, {Give street and number} 407 N Gilmor St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 23/79

Undertaker, Hughes & Co

Place of Business, 655 Broadway 550 W Fayette St

S. W. Mills M. D.
Medical Attendant.

Address, 60 Stricker Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 Mch 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan ann Peter

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbott Co. Md.

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and number} 296 South Sharp St.

Cause of Death {First, (Primary,) Apoplexy & Brain

Second, (Immediate,) one hour.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Mch 23 1879

Undertaker, Armstrong & Drum

Place of Business, # 263 Light St

Augustus N. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jason

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 95 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Austria — 75 years —

Duration of Residence in the City of Baltimore, 75 years

Place of Death, { Give street and number } 97 S. Washington St

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Senile Decay

Duration of last Sickness, Confined to house for 20 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 24th 1879 James F. Stevens M. D.

Undertaker, Hughes & Co

Place of Business, 5 Broadway

Address, Commissioners of Health Physician

Extract from Regulations of the Board of Health to secure a Full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Tisley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 134 N. Halliday St

Cause of Death, First, (Primary,) Cold & Prostration.

Second, (Immediate,) Pneumonia.

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemet

Date of Burial, March 22nd 1879

Undertaker, or M. J. Connor

Place of Business, at Cemetery

Except to get one from to Withdraw in place of this

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E. Hubbard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Six *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rockingham Co Va

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number. } 199 E. Pratt St

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Lovel Cemetery

Date of Burial, March 22 1879

Undertaker, William Norris

Place of Business, No 62 East Street *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... Feb 24th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Abraham Weston Rasberry

Sex, Male or Female, { cross out the word not required in this line. } ..... Male

Age, ... *Years,* 4 *Months,* 6 *Days.*

Color, ... Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Worcester Co Md

Duration of Residence in the City of Baltimore, ... Unknown

Place of Death, { Give street and number } ..... No 63 Stockholm St

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) ..... Pneumonia (Typhoid)

Duration of last Sickness, ... About 2 months

All the above information should be furnished by the Physician.

Place of Burial, ... Sharp St Cemetery

Date of Burial, ... June 23rd 1899 ..... Wm. D. Blume ..... *M. D.*

Medical Attendant.

Undertaker, ... Robert Hopkins

Place of Business, ... Mt Winans ..... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Boston

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Ed

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Year

Place of Death, {Give street and number} 2 Jordan Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 11 Days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, March 23/87

Undertaker, Chas Locke

Place of Business, 18 Jefferson Address, 2010 Biddle St

R. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Wheeler.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis Md

Duration of Residence in the City of Baltimore, Yr

Place of Death, { Give street and number. } No 7 Fenfort Alley.

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo. D. Kinnemon M. D.

Date of Burial, March 23rd 1879 Medical Attendant.

{ *Undertaker,* W. H. Jungel

{ *Place of Business,* East St *Address* 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E Wheeler

Sex, Male or Female, {cross out the word not required in this line.} M

Age, Years, 5 Months, 21 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 117 Aisquith St

Cause of Death {First, (Primary,) Tuberculer Meningitis.
Second, (Immediate,)

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery,

Date of Burial, March 24th

{*Undertaker,* Geo Schilling
{*Place of Business,* Ashland Square

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...le Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David S. Parker

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Abt. 23 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Nova Scotia

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give street and number } On Board Bark Sherwood

Cause of Death, { First, (Primary.) } Remarks Wk. of { Second, (Immediate,) } Consumption & Cautery

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 24. 1879

Undertaker, Thos. S. Hughes

Place of Business, 60 E Balto St

James A Clemens M. D.

~~Medical Attendant~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examined by L. N. Taylor.

[OVER]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane Haney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and number} 21 Lee Street

Cause of Death First, (Primary,) Gastritis

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 30th

Undertaker, Anthony C Dempsey

Place of Business, [illegible]

B. F. Phillips M. D.
Medical Attendant.

Address, 75 Warner St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Daniel Kunit No 1352

Permit No. 31123 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa E Butler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard Co. Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 49 Chatsworth St

Cause of Death, {First (Primary,) Pyaemia
Second (Immediate,)}

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1879

Undertaker, S M Chase

Place of Business, No 198 Howard

J E Atkinson M. D.
Medical Attendant.

Address 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Rosenstein

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ Months, Nine Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 90. N. Exeter Street

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem. Belair Road

Date of Burial, March 23d 1879

Undertaker, Daniel Hammond

Place of Business, 26 N. Exeter St. *Address,* Cor Bayard Carlton Ave

D. Schloss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm St. Rodgers.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Male.

Age, 43 Years, ____ Months, ____ Days.

Color, White. (?)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Steveder.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, (6) Six Years.

Place of Death, {Give street and number} # 205. N. Dallas st.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, March 23rd 1879.

Undertaker, Theodore J. Locks.

Place of Business, 73 Jefferson st.

Geo. F. Taylor M. D.
Medical Attendant.

Address, 210 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Wilson Baker

Sex, Male or Female, { cross out the word not required in this line. }

Age, Two *Years,* Eight *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 520 North Fayette

Duration of Residence in the City of Baltimore, Entire life

Place of Death, { Give street and number } 520 North Fayette St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Croup

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 24 1887

Kilbourne *M. D.*

Medical Attendant.

Undertaker, Geo. Houck

Place of Business, Cor Eutaw

Address, Baltimore & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charity Dowden

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, (Colored)

~~*Married*~~ ~~*Single*~~, *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation, ~~——~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 72 East St

Cause of Death { First, (Primary.) Paralysis
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rural Cemetery

Date of Burial, March 23 1879

Undertaker, D. Samuel & Chas

Place of Business, 121 South Howard

Saml F. Powell M. D.
Medical Attendant.

Address, No 29 d'Isquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1879 BALTIMORE

Date of Death, March 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Cole

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wheel Cripple

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Queen Ann County Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 1165 Eutaw St

Cause of Death, First (Primary,) Paralysis Old Age

Second (Immediate,) 3 days

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1879

Undertaker, William N Berger

Place of Business, No 62 East St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund J. Bainbridge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} 141 Lamdst

Cause of Death, First (Primary,) Senile asthenia

Second (Immediate,) Chronic Prostatitis

Duration of Last Sickness, Gradual failure for the last month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem S. E. Chew M. D.

Medical Attendant.

Date of Burial, 23rd March 1879

Undertaker, A J Wm Jenkins & Son *Address* 141 Lamdst

Place of Business, 416 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* Three *Months,* Seven *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 704 Saratoga St.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) " "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lorel Cemetery Jno. C. Jordan M. D.

Date of Burial, March 24 1879 Medical Attendant.

Undertaker, William Berger *Address* 632 Lexington St

Place of Business, No 62 East Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22d March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Fell Giles

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 72 — Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Prof U.S.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and number} 17 Franklin St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) softening Brain

Duration of last Sickness, about 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 25th March 1879

Undertaker, H.H. Jenkins & Son

Place of Business, 16 Light St

F. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 24 1879

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonora Boris

Sex, Male or Female, { cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bath City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 420 Fremont St

Cause of Death { First, (Primary,) Epilepsy. / Second, (Immediate,) —

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 24th

{ *Undertaker,* J E Baugh / *Place of Business,* 319 Penn Ave } *Address,*

Geo G Gluntner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23, 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Schley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number} No 56 Hamburg St

Cause of Death, First, (Primary,) Infantile Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, March 24th 1879

Date of Burial, Green Mount

Undertaker, Armstrong & Denny.

Place of Business, 263 Light St

H B Stille M. D.
Medical Attendant.

Address, 17 Harrison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23, 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Hohmann

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, woodcarver.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany - 30 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 40 Diamond St.

Cause of Death { First, (Primary,) } Old age. Exposure.
{ Second, (Immediate,) } Phthisis, 4 yrs.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 24th

Undertaker, Geo. Zapkau

Place of Business, 121 Penna Ave

H. P. Mengert M. D.
Medical Attendant.

Address, 175 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O'Donnell

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Balt. & O. R.R.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Life

Duration of Residence in the City of Baltimore, 134 St Paul St

Place of Death, {Give street and number.} Phthisis Pulmonalis

Cause of Death, {First (Primary,) Exhaustion

Second (Immediate,) Three yrs

Duration of Last Sickness, Thos. S. Latimer M.D.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery.

Date of Burial, 24th March 1879

{*Undertaker,* H. W. Jenkins & Son

{*Place of Business,* 16 Light St

Medical Attendant.

Address, ~~139 St P~~ 187 W. Bdwy.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31136 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 24 1879 BALTIMORE

Date of Death, March 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Gracy Ann Coleyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co Md

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, {Give street and number.} 132 Stirling St

Cause of Death, {First (Primary,) Law Patient 1130 night of the 18th Cold Calamy perspiration complained of } {Second (Immediate,) Coleyer prostration slight febrile exacerbation pulse 100 rebel symtoms no purging or vomiting at that date subsequent purging and death Do not know positively what was the matter}

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Asbury cemetery even Green

Date of Burial, March 24th 1879

Undertaker, Wm A. Dunger

Place of Business, No 62 East Pratt

E Jno Walle M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 24 1879 BALTIMORE

Date of Death, March 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcus Kahn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 85 N. Central Ave

Cause of Death, First (Primary,) Emphysema

Second (Immediate,) Asphyxia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Cheb Scholom Cemetary (Canton)

Date of Burial, March 24th 79.

Undertaker, Wm Eilan

Place of Business, 101 Gough St

G Lichtenauer M. D.
Medical Attendant.

223 W. Lombard St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Deering

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 Years, 1 Months, 4 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 267 Hughes St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, said to be about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 26th

Undertaker, Henry Brill

Place of Business, Hanover St 81 *Address,*

L Thurston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie N. Weigand

Sex, Male or Female, { cross out the word not required in this line. }

Age, Four *Years,* One *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 170 Sarah Ann St

Cause of Death, { First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Mch 25th 1879

Chas H. Nitt *M. D.*
Medical Attendant.

Undertaker, P. Kummell

Place of Business, Mulley St *Address,* 106 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Priscilla Sinclair

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} 8th & Ave.

Cause of Death, First, (Primary.) Arthritis, Rheumatism

Second, (Immediate,) Cardites

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25, 1879

Undertaker, P. T. Frey's

Place of Business, 91 Exeter Av

G. A. Rusk M. D.
Medical Attendant.

Address, Balt. Mark. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ottie Kemper

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* Four (4) *Months,* ..... *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} 210 Dover St, City

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) Asthenia

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 24

Undertaker, Hercules Doss

Place of Business, 95 Conway St

Van T. Garrett *M. D.*
Medical Attendant.

Address. 158 So Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sadler Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 2 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the wor is not required in this line.}

Occupation, Non

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years 7 months & 23 days

Place of Death, {Give street and number.} 291 Hanover Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Bronchio Pneumonia Laryngitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Catharines *J. K. Oxley* *M. D.*

Date of Burial, March 24-79 Medical Attendant.

Undertaker, C. F. Krauss

Place of Business, *Address* Cor Hanover & Lee Sts

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward M Wilder

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 2 *Years,* *Months,* *Days.*

Color, w[illegible] c

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} Hopkins Inf Asy Gay st Res 6 Fallon st

Cause of Death, First, (Primary.) Pleur. abd Pneumonia right lung

Second, (Immediate,) Internal Hemorrhage

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Mar 25 1879

Undertaker, Thos. L Hughes

Place of Business, 66 S Bond St

Edm. L Kirwan M. D.
Medical Attendant.

Address, Corner Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to certify within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO. CITY PRINTERS AND STATIONERS. [OVER.]

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 31144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Kramm

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ringgold St 15

Cause of Death, First (Primary,) Bronchopneumonie

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician

Place of Burial, Londenpark

Date of Burial, 24 March 1879

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

A. L. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3/145 # 3/145 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Hutchins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 3 *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 191 N. Caroline St.

Cause of Death, First (Primary,) Scarlatina and Pneumonia.

Second (Immediate,) Cerebro-Spinal Meningitis.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bell Mo Cemetery (No appreciable local cause for the disease is apparent)

Date of Burial, March 24th

Undertaker, C. D. Byrne

Place of Business, N Front St

Jno. T. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 8/1646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mill

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} dont Know

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death. {First (Primary,) Second (Immediate,)} Consumption

Duration of Last Sickness, 2 Years (Insane)

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

{Undertaker, Patrick Mullin

{Place of Business,

J. A. Grimes *M. D.*
Medical Attendant.

Address, 259 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 31147

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH OFFICE MAR 24 1879 BALTIMORE

Date of Death, 22d March 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Nelson Rand

Sex, Male or ~~Female~~, { Cross out the words not required in this line. } Male

Age, *Years,* 7 *Months,* 3 *Days*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } 246 George St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 246 George St.

Cause of Death, { First (Primary,) Heart. Valvular insufficiency

Second (Immediate,) Congestion of Lung & Brain

Duration of Last Sickness, Was never well (24 hours)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 24th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

A. N. Littell, M.D.
Medical Attendant.

Address, 126 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Byrne

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } King's Co. Ireland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, { Give street and number } 107 E. Avenue

Cause of Death, First, (Primary,) Valvular Heart Disease

Second, (Immediate,) Heart Disease

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 26 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Louis E. Denicke M. D.
Medical Attendant.

Address, 2296 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Greene

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 154 Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, 24th March

Undertaker, J. Davis

Place of Business, Mt Clare

D. A. Bell M. D.
Medical Attendant.

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Riller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 73 *Years,* 1 *Months,* 6 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Franklin County Pa

Duration of Residence in the City of Baltimore, 7 years 11 Month

Place of Death, {Give street and number} 170 N Carollton Ave.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Inanition

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laytesville Carroll County Baltimore & O. R. R.

Date of Burial, March 26th 1879

E. J. May M. D.
Medical Attendant.

Undertaker, W. B. Cook

Place of Business, 1677 W. Baltimore Street | *Address,* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 1882

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 31151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd of March 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Minton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } King Co. Ireland

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 77 Birth St.

Cause of Death, { First (Primary,) Old Age
Second (Immediate,) 2 yrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery J. J. Benson M. D.

Medical Attendant.

Date of Burial, March 25

{ *Undertaker,* J B Cook
{ *Place of Business,* 707 West Baltimore St *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, March 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Power } Parents

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 112 - Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Suppressed Closing of the Foramen Ovale of the Heart

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 25

Undertaker, Mr Harley

Place of Business, 411 Light St

Thos Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 3115 3

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th of March 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Heller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 34 South Bond Street Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 26 South Bond Street

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. Dr. Charles Turner M. D.

Date of Burial, March 25th Medical Attendant.

Undertaker, Hendrickson Bissel

Place of Business, 1 Bond st. 151 *Address* S. Bond St. nre 214.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph M Reese

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, Fineteen *Years,* Six *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

..... *M. D.*
Medical Attendant.

Undertaker, ...

Place of Business, ...

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Armand

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 181 Eastern Av.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Enteritis

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, March 24

Undertaker, Wm Fehr Sill

Place of Business, 1 E Balt St

G. G. Cook M. D.
Medical Attendant.

Address, Balt St nr L. ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 22 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alford Hardy

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Hypothrec Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, Patrick Mullin

Place of Business,

J W Shive M. D.
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Permit No. 8187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 24 1899 BALTIMORE

Date of Death, March 23 1899.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lobelia Allison.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy four *Years,* 74 *Months,* *Days.*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} No. 6. Fishpenbit Alley.

Cause of Death, {First (Primary,) Apoplexy.
Second (Immediate,)}

Duration of Last Sickness, 4 Months.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 24th 1899

{*Undertaker,* Wm. N. Dungel
Place of Business, 1462 East St.

D. C. Grelan M. D.
Medical Attendant.

Address Coroner, C.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene A. C. Mark

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 186 Germ St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Spasm

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sweet home Co.

Date of Burial, March 24 1879

Undertaker, J. R. Blackiston & Son

Place of Business, 606 Balt St

D. L. Speir M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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THE J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas L Bradford

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 2 6 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt: md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 172 ~~Hudson~~ Dolphin

Cause of Death, First (Primary,) Aortic Contraction

Second (Immediate,) Paralysis

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 26th 1879

Undertaker, John J. Andrews

Place of Business, 146 Druid Hill Ave

Thos Latimer M.D.

Medical Attendant.

Address. 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31160

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 24 1879

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Augustus

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Seventy-three *Years,* *Months,* *Days*

Color, South

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prince Co Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 96 Pearl St

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness, Sixteen Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 79

{Undertaker, S. T. Chase

{Place of Business, 15 Hanover st

D. Gilchrist M.D.
Medical Attendant.

Address, 89 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Smith

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No. 70 Gough Street

Cause of Death, First, (Primary,) —

Second, (Immediate,) Asthenia

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Mar 26/79

Undertaker, Fry & Lee

Place of Business, 157 N. Broadway

E. B. Britton M. D.
Medical Attendant.

Address, Broadway & Fort St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1879 BALTIMORE

Date of Death, March 23d 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James K [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ 2 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 770 W Pratt St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 770 W Pratt St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,) Exhaustion

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, 24th inst

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] Shelton Hse M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31163

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna O'Keeffe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty five *Years,* ——— *Months,* ——— *Days.*

Color, White ——— *Sex,* ———

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seven Years.

Place of Death, {Give street and number.} 1 N. corner of Unity & Ruby Streets.

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 25th 1879

Undertaker, G B Cook

Place of Business, No 707 W Baltimore Street

G. J. Collins M. D.

Medical Attendant.

Address Richmond St. Fort Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE

Date of Death, March 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Gertrude Koontz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 Wilkens St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26th 1879

Undertaker, J B Lewis

Place of Business, No 707 W Baltimore Street

W Keyser M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Poland

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 25 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home of The Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 25th 1879

Undertaker, I. B. Cook

Place of Business, 707 W. Balto St

Edwd F. McSherry M.D.
Medical Attendant.

Address, 279 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31166

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1879 BALTIMORE.

Date of Death, March 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nash.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 87 *Years,* 7 *Months,* 14 *Days.*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 N. Calhoun St.

Cause of Death, First (Primary,) Advanced age.

Second (Immediate,) Pneumonia.

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 25th 1879

Undertaker, S. M. Leonard Son

Place of Business, 78 N. Baltimore St

Jno. F. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 31167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Clark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the ~~City of~~ Baltimore, [redacted] life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary.) Marasmus
Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 25 March 10 Oclock

{ Undertaker, Geo. C. Rodenmyer
Place of Business, 38 Dugan Pl

Mahony Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 31168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Bennett

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* 0 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England 32 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Abscess

Duration of last Sickness, 4 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mch 25th 1879

{ *Undertaker,* William Lloyd
Place of Business, Madison

David Streett *M. D.*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 31169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Eudora Lupp

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 28 *Years,* 7 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore, 28 7 years 21 da

Place of Death. {Give street and number.} 122 North Eutaw St

Cause of Death. {First (Primary.) / Second (Immediate,)} Dropsy & Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, March 26th 1879

Undertaker, Peter Kimmel

Place of Business, 211 Mulberry St

Jas. T. Gilliss, *M.D.*
Medical Attendant.

Address. 122 No Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Porter Lawrenson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } Cor. Calhoun & Pulaski Sts.

Cause of Death, First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,) ____

Duration of last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Washington Cem.

Date of Burial, March 26th 1879

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

Wm Riley M. D.
Medical Attendant.

Address. 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Lawrenson 135

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31171 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *and* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years.* *Months.* *Days.*

Color, W *Sex,* F

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 77 yrs

Place of Death, {Give street and number.} Old Women's Home

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 26 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Deppe M. D.

Medical Attendant.

Address Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31172

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} B. F. Tubman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty Five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Country

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 10 E. Monument St

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge, Md, by steamboat

Date of Burial, March 26 8 O'Clock.

M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eden St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans 1356

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 & 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ed Sullivan

Sex, Male ~~or Female~~ {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 188 Hughes St.

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shaifs St. Cemet

Date of Burial, March 25th 1879 Thomas Stems M. D.

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* Coroners of Heal
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. Fitzpatrick [07 22]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann & Michael Brannon (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 Months *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 102 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem[illegible]

Date of Burial, March 25th 1879 James H. Lewis M. D.

~~Medical Attendant.~~

Undertaker, B Hart

Place of Business, ———

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Exam by Geo E. Taylor [illegible]

Board of Health, City of Baltimor

Permit No. 31175

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Geo Graham

Sex, Male or Female, {cross out the word not required in this line.} (Parents

Age, — *Years,* — *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 80 Goodman's alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Unknown

Duration of last Sickness, did not seem to be sick more than 24 for one or two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25th 1879 Thos F Shuster M. D.

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant [COPY.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 31176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Alta. H. Adams.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Framingham Mass.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number} Gay & Eager Sts.

Cause of Death First, (Primary,) Valvular disease of the Heart

Second, (Immediate,)

Duration of last Sickness, 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Boston Mass

Date of Burial, March 27 1879

Undertaker, W. H. Buckman

Place of Business, Gay St

Edward P. Mendenhall M. D.
Medical Attendant.

Address, 137 N. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Bal...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Lynn (Mrs.)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 Years, ... Months, ... Days.

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Tipperary Co. Ireland

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 40 S. Castle

Cause of Death, First, (Primary.) Ulcer of Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, March 25th 1879

C. H. Rusk M. D.
Medical Attendant.

{Undertaker, H. & B. Filmyer}

{Place of Business, 341 Canton Ave.} Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 31178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Straight

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs. 7 mos.

Place of Death, {Give street and number.} 91 Druid Hill Ave.

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) Bronchitis

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 25 1879

{*Undertaker,* John C. Posdon

{*Place of Business,* 83 Park Ave

Eldridge C. Price M. D.
Medical Attendant

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th "79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane. J. Barry.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} "

Age, 71. *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} "

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 71 years.

Place of Death, {Give street and number.} 82 Ale Cullough St.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) "

Duration of Last Sickness, Gradual decline,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 26

Undertaker, C. W. Shepard

Place of Business, 201 Pac

E. A. Marix M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson Wolfe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Pump Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 204 - Franklin St -

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 25

Undertaker, C W Blizzard

Place of Business, 201 Penna

T J Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITA

Permit No. 91181

The Physician who attended any person in a last illness is responsible for the presentation of this Certi
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 — 1879 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Brown —

Sex, Male or Female, {cross out the word not required in this line.} —

Age, one *Years,* two *Months,* 0 *Days.*

Color, yellow —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number} No — Peach Alley —

Cause of Death, First, (Primary,) Pneumonitis & Enteritis —
Second, (Immediate,) Exhaustion —
— not Known —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, May 25th 1879

Undertaker, Geo Osborn

Place of Business, Peach Alley

B. F. Grove — *M. D.*
Dispensary
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Dudley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* ____ *Months,* ____ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} Asst Peach Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25th 1879

Undertaker, Hercules Bass,

Place of Business,

Edmund A Cleaves M. D.
Medical Attendant.

Address, Commissioner of Health and Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Jas. Dausant

[OVER]

The Special Attention of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gould

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} No 4 Pinelico Ally

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, W. Balt. Cemetery

Date of Burial, March 25th 1879

Undertaker, H. A. Kuchmer

Place of Business,

Thos H Ellis M. D.
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Jas Dawson [OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

Date of Death, Mar. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hays

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis, Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 145 N. Washington Street

Cause of Death {First, (Primary,) Chronic Ulcers

Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 26 1879

Undertaker, W C Matchiman

Place of Business, 179 S. Bond St *Address,*

Attended M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 3185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 24 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Thomas Stevens

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 1 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Laymen

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 77 Fred Ave

Cause of Death, { First (Primary,) Malarial Fever

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 26 1879

{ *Undertaker,* Doane & Sons

Place of Business, Baltimore Fremont

James Beatty, *M. D.*
Medical Attendant.

Address 819 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cattain Bayly Bagwell

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 72 *Years,* 4 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number.} 37 N Paca st

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 2 day's

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Frank H Lemon *M. D.*

Date of Burial, March 26th 1879 Medical Attendant.

Undertaker, John S Meadows

Place of Business, No 151 Camden St *Address* 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE

Date of Death, March 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Markham

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, One *Years,* *Months,* Seven *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 365 S. Eutaw St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Eighteen Days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mar 26 | J. Tyler Knight M. D. Medical Attendant.

Undertaker, C. H. Shepard

Place of Business, 201 Park | *Address,* 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Taylor Bruce Macneal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Twenty one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 32 N. Eutaw St

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, ____

Date of Burial, ____

Undertaker, McKinnan W. H.

Place of Business, N. Gay St

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. A. Grossfeldt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Grossfeldt

Age, 52 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Music Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} Below at Townsend

Cause of Death, First (Primary,) Emphysema

Second (Immediate,) Pyaemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 26 1879

Undertaker, C. H. Blizzard

Place of Business, Penna Ave

Address 131 N Charles

W. Innes M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31191

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah H Janney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 0 *Months,* 26 *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 Saratoga Street

Cause of Death, {First (Primary,) Chronic Bronchitis; Second (Immediate,) Exhaustion pro do}

Duration of Last Sickness, An invalid for several years - last attack about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 26/79

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Sa Carey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Kelly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 136 Park av.

Cause of Death, First (Primary,) Pulmonary disease & general debility

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 27 March /79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St,

Geo. G. Beaver M. D.

Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31192

MAR 26 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kemp

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 10 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~ ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 16 N. Chapel St.

Cause of Death { First, (Primary,) Tumor alba
Second, (Immediate,) Marasmus

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 26 1879

Undertaker, Wm. Frame

Place of Business, 28 Canton Ave *Address,* 2457 Baltimore

J. Herbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. MELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31193,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Niles Sunderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Apnoea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Mch 26 1879

Undertaker, Pat. Mullin

Place of Business, Cambridge St

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 1879

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Belle Abell

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 300 McDonough St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 27/79

Undertaker, Fry & Zue

Place of Business, 62 N Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 29 1879 BALTIMORE

Date of Death, March 23 - 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Talum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* Seven *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 93 Stirling Street

Cause of Death, {First (Primary,)} Remitant Feber

{Second (Immediate,)} Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 26th 1879

Undertaker, Wm. N. Dungl

Place of Business, No 62 East St

J. E. Whitford *M. D.*
Medical Attendant.

Address 145 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 26 1879

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Ofelia Brooks

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 124 N Dallas St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1879

Undertaker, W. N. Duryee

Place of Business, No. 62 East ____

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1879

CERTIFICATE OF DEATH.

Date of Death, 26th March 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. J. Georgii

Sex, Male or Female, { Cross out the words not required in this line. }

Age, — *Years,* 1 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. W. Corn. Caroline & Gaysto.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) }

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com. }
Date of Burial, March 28th 1879 }
Undertaker, Adam Finn }
Place of Business, 461 North Ave. }

C. Hoffman M.D.
Medical Attendant.

Address, N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Seibel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 204 So. Sharp St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Scarlatina Maligna

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th 1879 L. A. Bevan M. D.

Medical Attendant.

Undertaker, J. Steinbach

Place of Business, 389 W. Balto St. *Address,* 161 E. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia Kiefer

Sex, Male or Female, {cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} St Marys Co Maryland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} Paisley Court No 6

Cause of Death, First, (Primary,) Second, (Immediate,) Dropsy

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 27th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, John C Jordan

Place of Business, 63 Park Ave

Address, 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE MAR 26 1879 BALTIMORE

Date of Death, March 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Zipfel

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number} 225 S. Bethel St.

Cause of Death { First, (Primary,) Apoplexia Cerebralis
Second, (Immediate,) Hemorrhage

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, March 27th 79

Undertaker, H. Trance

Place of Business, 280 Canton Ave

Jas. Mathieu M. D.
Medical Attendant.

Address, 225 S. Bethel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 26 1879 BALTIMORE

Date of Death, March 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Alby

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 48 Holland St

Cause of Death { First, (Primary,) Epilepsy
Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 28 1879

Undertaker, Henry Koether

Place of Business, 809 Canton Ave

[illegible] M. D.
Medical Attendant.

Address, 137 Eden E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas

Sex, Male or Female, { cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Miner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Anne Arundel Co,

Duration of Residence in the City of Baltimore, 45 yrs,

Place of Death, { Give street and number } 33 Eastern Ave.

Cause of Death { First, (Primary,) I know nothing of this case, Second, (Immediate,) having been called only a few hours before he died,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Anne-Arundel Co.

Date of Burial, March 27, 1879

Undertaker, M A Daiger

Place of Business, 74 S. Broadway

John F. Leemonier M. D.
Medical Attendant.

Address, 51 N Caton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Laws 1357

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31203

MAR 27 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leidy Riley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 91 *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widower~~ Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No 252 Hughs st

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, March 27

{*Undertaker,* Hercules Ross

Place of Business, 95 Conway st

J V Stutt, M. D.
Medical Attendant.

Address 268 South Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Addison

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 3 Peach Alley

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Convulsions

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 27

Undertaker, Hudgins Ross

Place of Business, 95 Conway St

L. A. Beal M. D.
Medical Attendant.

Address, 161 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3/205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1879 HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friederike Nolz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} No 53 Stiles

Cause of Death, {First, (Primary.) Phthisis pulmonalis

{Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Dreisingkeils County

Date of Burial, March 28th 1879

Undertaker, L. Ritz

Place of Business, No. 124 Nd. Broadway

C. L. Endelbod M. D.
Medical Attendant.

Address, 116 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Birmingham

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 32. N. Amity

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) —

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 28th 1879

Undertaker, J B Bates

Place of Business, 1707 W. Baltimore Street

Edwd F. Michaelis M.D.
Medical Attendant.

Address, 279 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Muth

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 344 Pen ave

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 27 1879

Undertaker, P. Kunnecke

Place of Business, ——— *Address,*

T. J. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 27 1879 BALTIMORE

Date of Death, March 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Oliver

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 98 Years, Months, Days.

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Charles Co. Md. 70 years

Duration of Residence in the City of Baltimore, 196 Henrietta St.

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) General debility - , Second, (Immediate.) One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 1879

Undertaker, J. W. Shaw

Place of Business, 198 Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it sha duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a C ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or singl son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma B. Bose

Sex, Male ~~Female~~, {Cross out the words not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 44 E New Church Street

Cause of Death, First (Primary,) Tubercular Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Saint Timothy

Date of Burial, March 27th 1879

Undertaker, Wm. Bishop Jr.

Place of Business, 57 Saratoga

1110 Lombard M. D.

Medical Attendant.

Address, No 16 E. Libert Street.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alford Jones

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, 5 Years Maryland Penitentiary

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Second (Immediate,)} Peritonitis

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. O. Cemetery

Date of Burial, March 26

Undertaker, Patrick Mullin

Place of Business,

H. Grimes M. D.
Medical Attendant.

Address, 259 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention to Requirements Concerning Date of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lauren A. Scheidler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Professor of Music

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} No 122 N. Paca st

Cause of Death, First, (Primary) Acute Bronchitis

Second, (Immediate,)

Duration of last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 28th 1879

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Wm J Andrews

Place of Business, No 406 Druid Hill Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 27, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W Condon

Sex, Male or ~~Female~~, {cross out the word not required in this line.} _____ *Months,* _____ *Days.*

Age, 49 *Years,* _____

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} _____

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} Arlington W Edmonson Ave

Cause of Death, First, (Primary.) Cardiac Asthenia

Second, (Immediate.) 14 days

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, London Park 64

Date of Burial, March 28th 1879

Undertaker, John S Thacher

Place of Business, Park & Fayette

J H Kinney M. D.
Medical Attendant.

Address, 76 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Leatherwood

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, twenty four Years, one Months, two (2) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 11 132 Scott St

Cause of Death, First, (Primary) Phthisis Pulmonalis

Second, (Immediate,) —

Duration of last Sickness, two (2) months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery | Jno. C. Blake M. D.

Date of Burial, March 30th 1879 | Medical Attendant.

Undertaker, John Mueller | [illegible]

Place of Business, Park Façade | *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... MAR 27 1879 ...ALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Barron

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Dealer in Market Produce

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Mabachusetts

Duration of Residence in the City of Baltimore, not Known

Place of Death, { Give street and number } 79 S Paca st

Cause of Death, { First, (Primary,) Typhoid Fever / Second, (Immediate,) 14 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 27th 1879

C. Mowney M. D.
Medical Attendant.

Undertaker, Wm S Meacher

Place of Business, No 150 Camden st

Address, 76 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smith.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 44 *Years,* 10 *Months,* 13 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 191 N. Caroline St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 years –

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 28. 1879

{*Undertaker,* Jas P Byrne

Place of Business, Firm st

Jno. T. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Mitnik

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 109 Augusta St

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) Spasms

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Edmonds Long Cemetery Philadelphia Road

Date of Burial, March 27

{ *Undertaker,* M. Goldsmith
Place of Business, 53 N. High St *Address*

G. Liebmann M. D.
Medical Attendant.
223 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kain

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 154 N Gilmor St

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, 17 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial March 27 1879

Edward P Mitchell M. D.
Medical Attendant.

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 N Front St *Address,* 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT MAR 27 1879 BALTIMORE

Date of Death, March 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B unter

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 78 h Chapel St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonary

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, March 28-

Edward R Mabb M. D.
Medical Attendant.

Undertaker, John Hennessy.

Place of Business, 382 Orleans St *Address,* Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 27th. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Gundluck.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 76. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number} 25 Stockholm St.

Cause of Death First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,)

Duration of last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 28th 1879

R. J. H. Tall. M. D.
Medical Attendant.

Undertaker, Louis Koehler

Place of Business, Sharp & Cross sts. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Wivel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number} 194 Harford Ave

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, March 28th

Undertaker, H C Middlekauf

Place of Business, 90 Greenmount Ave

J. B. Billingslea M. D.
Medical Attendant.

Address, Harford and Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L. Fuhrig

~~*Sex,*~~ *Male* ~~*or Female,*~~ { cross out the word not required in this line. }

Age, 29 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Grocer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } Conn. between 98 & Bond sts.

Cause of Death { First, (Primary,) Phthisis pulmonalis
Second, (Immediate,) Marasmus

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 30 79

Undertaker, Henry Schutthein

Place of Business, 261 E. Monument *Address,* 245 E. Monument

J. Kathen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert J. McNeil

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Detroit Michigan

Duration of Residence in the City of Baltimore, abut 6 mos

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Broncho Pneumonia

Second, (Immediate,) Bronchorrhea

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 28. 1879

Undertaker, Geo Saffran

Place of Business, 174 Penn Ave

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 3/223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEPARTMENT MAR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E Harwood Flagg Hannah Elenor Flagg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 (ten) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Gibbons Hotel Saratoga & Howard Sts

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Gibbons Hotel

Cause of Death, {First (Primary,) Infantile Erysipelas & Meningeal / Second (Immediate,) Uraemia, Coma —}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 29th 1879

Undertaker, A Kinnamon

Place of Business, 52 N Liberty St

R H Mifflin *M. D.*
Medical Attendant.

Address 64 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Section 1360

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Adele Cox

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} "

Age, — *Years,* 2 *Months,* 15 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 18 Elbow Lane

Cause of Death, First (Primary,) Catarrh of Chest

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 9 Days

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 28

{*Undertaker,* Hercules Ross

{*Place of Business,* 95 Conway St

A. M. Gallun M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight ...er the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...e ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ..., except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27. 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Mooney

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 60 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Co Tipperary Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 30 Leadenhall

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 28 1879

A. Schulze M. D.
Medical Attendant.

Undertaker, Armstrong & Bro.

Place of Business, Light St | *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A Johnson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 37 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 131 William St

Cause of Death, First, (Primary.) Albuminuria

Second, (Immediate.)

Duration of last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Ferncliff Md

Date of Burial, March 28 79

Undertaker, Wm Slaughter Sons

Place of Business, 1263 Light St

Noble & Webster M. D.'s
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 7367

[OVER.]

SAFETY FILM

Permit No. 31227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert J Devinney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty four Years

Place of Death, {Give street and number.} 140 Chew St. Balto.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th 1879

Undertaker, Wm. H. Wickman

Place of Business, 234 N. Gay St. *Address*

Henry Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Virginia Ross

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 57 N. Frout St

Cause of Death, First, (Primary.) Fibroid Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three (3) years

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, March 29 1879

Undertaker, Wm H. Buckman

Place of Business, 1423 E. Jay

S. W. Slocum M. D.
Medical Attendant.

S. E. Cor Eager & Jarvis Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [0728.]

Permit No. 31229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} George H. Metcalf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Ninety three *Years,* Eight *Months,* Twenty four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone Mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} No. 101 Boyd St.

Cause of Death, First (Primary,) ... Paralysis

Second (Immediate,) ...

Duration of Last Sickness, Three Months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29th 1879

Undertaker, W. H. Cook

Place of Business, 1707 N. Baltimore Street

H. F. Hiller M.D. Jr. Smith M. D.

Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert Francis Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ~~Life~~ 2 mos. 18 days.

Place of Death, {Give street and number.} 30 Union St,

Cause of Death, {First (Primary,) Pneumonitis

{Second (Immediate,) "

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician

Place of Burial, Bona Brea Cemetery

Date of Burial, March 28 1879

{*Undertaker,* James, P. Byrne

{*Place of Business,* N° 63 N Front St

Eldridge C. Price M. D.
Medical Attendant.

Address 2622 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevra Simich

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 213 Battery Avenue

Cause of Death, {First (Primary,) Pithis is pulmonares

Second (Immediate,)

Duration of Last Sickness, About 3 weeks confined in bed

All the above Information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, March 30th

Undertaker, Conrad, Rynkel

Place of Business, 60 Park St

H. Albers M.D.
Medical Attendant.

Address 95 S. Sharpp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elizebeth Schumbely

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 Corps St—

Cause of Death, {First (Primary,) Scarlatina (Maligna)

{Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th

{*Undertaker,* Henry Brile

{*Place of Business,* Henrietta St 81

Charles H Howard M. D.
Medical Attendant.

Address 85 S. Baltimore St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP'T MAR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Beecham

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, About 35 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washer Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 20

Place of Death, {Give street and number} 19 Chesnut St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Syphilis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem

Date of Burial, March 28th 1879 Thos. H. Hanson M. D.

Undertaker, Pat Mullen

Place of Business, Coulbourn St *Address,* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by John H. Coulbourn M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 28 1879

DEPARTMENT OF HEALTH BALTIMORE

Permit No. 31234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Myers

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 281 Battery Avenue

Cause of Death, First, (Primary,) Typhoid. Pneumonia

Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th 1879

{*Undertaker,* John S. Mackan

Place of Business,

H. B. Noble M. D.
Medical Attendant.

Address, 17 Harrison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 28 1879

CERTIFICATE OF DEATH.

Date of Death, 26 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Keating

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Cardio endenitis
Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 28 March 1879

Undertaker, Sam'l Rowan

Place of Business, 157 Division

Mathew Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAR 28 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 27 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna O'neill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, from 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 28. 1879

Undertaker, Saml Bowen

Place of Business, 56 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 66 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAR 26 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 27 March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* about 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 3 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary.) Congenital Syphilis

Second, (Immediate,) drugged with Opium when received

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial 28 March 1879

Undertaker, Saml Bowers

Place of Business, 15 E Division

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Eckenrode

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Six Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 259 S. Durham St.

Cause of Death, {First (Primary.) Carcinoma

Second (Immediate.)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 29 Day of March

Undertaker, Henry Bein

Place of Business, 252 Alice Annast

Address S. E. Corner Eutaw & Lombard

M. D. C. E. [illegible]

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Lofremaw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirteen *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* —

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} No. 5 Perry Alley

Cause of Death, First (Primary,) Typhoid fever.
Second (Immediate.) Prostration

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Star

Date of Burial, March 29. 1879

Undertaker, John C Foster

Place of Business, 60 Park Ave

F. B. Gardner M. D.
Medical Attendant.

Address 128 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Mayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House 2 Franklin N. W. Ave

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 29th 1879

{*Undertaker,* Wm Mayer / *Place of Business,* No 202 N. Eutaw St

Gustavus Ribbe M. D.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bodine

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Foreman at Grist Mill

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 307 N Bond St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Hæmorrhage

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 30th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Fred Blass M. D.
Medical Attendant.

Residence E Col Eager Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Hack

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 55 Leadenhall st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ~~~

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29 March 1879

Undertaker, Hercules Rass

Place of Business, Conway st

James A Clemens M. D.
Medical Attendant

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GEO. J. E. DOLLEY & CO. CITY PRINTERS AND STATIONERS.

examined by Joseph Vincent [OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Marsh

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* 2 *Months,* 11 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, March 30th 1879 ..... *M. D.*

Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, #263 Light. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McKernan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 383 Gay st

Cause of Death { First, (Primary,) / Second, (Immediate,) } Cancer of Breast

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 29th 1879

Undertaker, Jas P Byrne

Place of Business, 63 Franklin *Address,* 186 Aisquith

H. F. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Cornelia Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years* One *Months,* Twenty Six *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #98 Holland St

Cause of Death, First (Primary,) Pneumonia Lft Lung

Second (Immediate.)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 29th 1879

T. E. Fooks M. D.
Medical Attendant.

{*Undertaker,* Theo. Locke
Place of Business, 78 Jefferson St *Address* 241 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. Edward Shorace

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 16 *Years,* 4 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 182 S Paca

Cause of Death, First, (Primary,) Inflammation of Mastoid cells in

Second, (Immediate,) Pyaemia

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 30th

Undertaker, Wm J. McKew

Place of Business, 65 S. Eutaw

W. E. A. Kane M. D.
Medical Attendant.

Address, 223 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Coney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, 4 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. W. Cor Light & Hill, Sts

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) about 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Burial Ground

Date of Burial, March 29th '79 3 P.M.

Undertaker, Jas Macher

Place of Business, Paca & Camden Sts

P. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsa Walter

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 23 Bolton Alley

Cause of Death, {First (Primary,) Acute Articular Rheumatism

{Second (Immediate,) Rheumatic Endocarditis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St Cemetery

Date of Burial, Mar 30th

Undertaker, J E Brough

Place of Business, 319½ Penna Ave *Address,* 192 Paca St

W H Antrim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, For 2 days, died March 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P Corcoran private

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 46 *Years,* (45) *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, Laborer private

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland private

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} Found in Smiths Dock yard No 12 Smiths alley

Cause of Death, First, (Primary,) Contusion probably fracture of skull

Second, (Immediate,) Two depressed fractures of Skull (par, Parietes)

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, E Public Cemetery

Date of Burial, March 29 1879

Edm'd Rivalte M. D.
Medical Attendant.

Undertaker, P. Mullin

Place of Business, 47 Cambridge St *Address,* Canton P D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Ryan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 338 E Eutaw St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Exhaustion

Duration of last Sickness, Thirty (30) days

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemty

Date of Burial, March 30th

Undertaker, H Clarke Sons

Place of Business, 64 E Balto St

G L Watkins M. D.
Medical Attendant.

Address, 11 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31251

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William B. Bateman Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 181 McCulloh Street.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 181 McCulloh St.

Cause of Death, { First (Primary,) Cyanosis Neonatorum

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem J. Wm. Walls M. D.

Date of Burial, March 29 Medical Attendant.

Undertaker, C. Pritchard

Place of Business, 201 Bond Address 18 & 20 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28-79.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Price Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 18 yrs since return.

Place of Death, {Give street and number.} 146 N. Carey St.

Cause of Death, First (Primary,) Chronic Bright's Disease.

Second (Immediate,) Apnoea from Hydrothorax.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 30th 1879

Undertaker, John Meadow

Place of Business, No 150 Cander *Address*

John D. Young *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Berry.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 65 *Years,* 5 *Months,* 6 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Grocer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Wurtemburg — Germany.

Duration of Residence in the City of Baltimore, 39 Years.

Place of Death, {Give street and number.} No. E. Pratt St.

Cause of Death, First (Primary,) Organic Disease of Heart.

Second (Immediate,) " " " "

Duration of Last Sickness, 22 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 31st 1879

Undertaker, P. Kummert

Place of Business, Mulberry St

John. J. A. Steiner M.D.
" " " Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Silghman

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 207 Hamburg St.

Cause of Death First, (Primary.) Fistula in Ano

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 1879

Undertaker, Wm. H. Weaver

Place of Business, 47 Hillyard

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 3/255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arianna Dyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 8 year

Place of Death, {Give street and number.} 22 Oxford st

Cause of Death, {First (Primary,)} Phthisis pulmonalis

{Second (Immediate,)} Apthemi

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Mar 29. 1879

{*Undertaker,* S W Chase

{*Place of Business,* 18 S. Howard st

J E Atkinson *M. D.*

Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Stevenson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years, Eleven Months, 8 Three Days.

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 Pearl St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 30th 1879

Undertaker, Wm H. Bishop Jr.

Place of Business, 2 Druid Place Address 262 Mead Ave

Elias Le Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Hilliards

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* ——— *Days.*

Color, Colored

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 113 St. Paul St.

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) "

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1879

{*Undertaker,* Wm. H. Bishop Jr.

{*Place of Business,* 97 Druid Hill Ave

Eldridge C. Price M. D.
Medical Attendant

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 30th A.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Patzschke

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 13 N Central St.

Cause of Death, First, (Primary.) Dimensthoea or

Second, (Immediate,) Suppression Menseum

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Church

Date of Burial, March 31. 1879

Undertaker, J. D. Koenig

Place of Business, 97. Orleans St.

James E. Emmitt M. D.
Medical Attendant.

Address, 916 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074M.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Travers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E Cemetery Philad Road

Date of Burial, March 30 1879 *M. D.*

Medical Attendant.

Undertaker, W C Watchman

Place of Business, 1798 Bond st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence G. Fowler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, One *Years,* — 2 — *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 14 Gist St.

Cause of Death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 30 1879

Undertaker, W C Watchman

Place of Business, 1795 Bond St

Thomas P. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. INGLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Bradley

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Trades Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} At 191 E Lombard St

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, All 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 31st 1879

Undertaker, Fry Fry

Place of Business, 94 N Broadway

Geo. S Kemp M. D.
Medical Attendant.

Address, 738 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31262,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene L. Shaw,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 Augusta St

Cause of Death First, (Primary,) Pneumonia Primary

Second, (Immediate,) Typhoid Complications

Duration of last Sickness, 4 WEEKS.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 30th 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Wilmer Brinton M. D.
Medical Attendant.

Address, 26 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Catherine Holt

Sex, Male or Female, { cross out the word not required in this line. }

Age, Two *Years,* Eight *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 401 E. Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 30. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

_____ *M. D.*
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ~~Sarah~~ Ann Mc Guire

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~, Female

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 29 May St

Cause of Death, First, (Primary,) "Senafelgia"

~~Second, (Immediate,)~~ Old Age &c &c

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 30. 1879

William Pinto M. D.
Medical Attendant.

Undertaker, Matthew Callogan

Place of Business, 230 Mulberry St | *Address,* 269 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ——— Frances Mole (Mother)

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 356 S. Parkin St

Cause of Death { First, (Primary,) Asthenia / Second, (Immediate,) }

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cem'y

Date of Burial, March 30th 1879

Undertaker, F. A. Kercheval

Place of Business, Carrollton Av *Address,* Commissioners & Register

Thos. H. Clemens M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant S. Disp

Board of Health, City of Baltimore,

Permit No. 31266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie McCurdy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 770 W Pratt St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 30th 1879

Undertaker, P B Cook

Place of Business, No 707 N Baltimore Street

J Clinton Hill M. D.
Medical Attendant.

Address, 1132 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

Date of Death, March 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, = *Years,* 7 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 71 Arlington ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 30th 1879

Undertaker, J B Cook

Place of Business, 1707 W Baltimore street

Geo. G. Brewer M. D.
Medical Attendant.
and
D. B. Hoffman
Address 257 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any pe[illegible] shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Lyons

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* ~~Days~~

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 10 years 1 mo

Place of Death, {Give street and number} No 8 Reinhard St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, Ten (10) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 29th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

H L Shaw M. D.
Medical Attendant.

Address, 879 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Walker

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Twenty 30 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 112 Franklin St

Cause of Death, {First (Primary,) Consumption of Lungs

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1879

{Undertaker, Wm Jones Gray

{Place of Business, 65 Mulberry St

T. C. H. *M. D.*
Medical Attendant.

Address, 109 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Coale

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. Always

Place of Death, {Give street and number.} No 87 Brune St.

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, March 31st 1879

Undertaker, Wm H. Hutchman

Place of Business, 1029 1/2 Gay

Pembroke W. Wemble M. D.
Medical Attendant.

Address No 203 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2

Special attention of Physicians is respectfully invited to the remarks below, and to those on the other side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3272

The Physician who attended any person in *a* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1879 BALTIMORE

CERTIEICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H Bowen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Four (4) *Months,* Twenty five (25) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 439 N. Canal Street

Cause of Death, First, (Primary) Laryngitis croupous

Second, (Immediate) Asphyxia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31, 1879

Undertaker, Henry Roach

Place of Business, 901 Central Ave

J. W. Bowen M. D.
Medical Attendant.

Address, 439 N. Canal Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Polark

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Thirty five *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth) } Bohemia

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number } 16 Eutaw corner Stiles

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate,) Uremia

Duration of last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem

Date of Burial, March 31 1879

Undertaker, Henry Heck

Place of Business, 324 Central Ave

F W Sloan M. D.
Medical Attendant.

Address, Cor Eutaw & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1879 BALTIMORE

Date of Death, March 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Levy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 53 Hanover

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 53 Hanover

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 5 Hours

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, March 30 1879

{*Undertaker,* (Father) Meyenberg

{*Place of Business,* Etting Alley

O. L. Mann *M. D.*
Medical Attendant.

Address 138 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Penny Dawson

HEALTH DEPARTMENT MAR 30 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* _____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number} 67 Church

Cause of Death, First, (Primary,) Quantum

Second, (Immediate,) 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 31

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. P. Ellis M. D.
Medical Attendant.

Address, 315 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 8[illegible]70

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3[illegible]5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie A. Feeney.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female.

Age, 18 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 N. Schroder st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Debility.

Duration of last Sickness, 2½ months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 31st 1879

Undertaker, Jos. B. Leone.

Place of Business, 17 W. Balto st

C. F. Brune, M. D.
Medical Attendant.

Address, 1 Balto. Gnl Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Henry Clay Simmons

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 274 S. Eutaw St Rear Front Floor

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetary

Date of Burial, March 31 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Eight St *Address* 369 W. Lombard

A. M. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Spe[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Young

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

HEALTH DEPARTMENT MAR 30 1879 BALTIMORE

Age, 21 *Years,* 10 *Months,* *Days*

Color, Colored.

Married, ~~Single,~~ ~~Widow or~~ ~~Widower~~, {Cross out the words not required in this line} Married

Occupation, Musician

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 120 Chestnut St

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption & Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Elm

Date of Burial, March the 30 1879

{*Undertaker,* William H Ringgee
Place of Business, 62 East St}

Geo. W. Watson M.D.
Medical Attendant.

Address, No 19 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Spe

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Groff

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Seventy-nine *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Sharps-town Salem Co N. J.

Duration of Residence in the City of Baltimore, 4 four Months

Place of Death, {Give street and number.} No 222 Cary St

Cause of Death, {First (Primary,) Old Age

Second (Immediate,) Pneumonia

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Sharptown Salem co N.J.

Date of Burial, April 1st

Undertaker, H. L. Schafer

Place of Business, 109 N. Fremont St

D. A. Friend M. D.

Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 1362

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M Gibson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 47. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Policeman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 248 Franklin

Cause of Death {First, (Primary,) Pyelonephritis

{Second, (Immediate,) uremic poison.

Duration of last Sickness, about 3 years

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, April 2d 1879

{*Undertaker,* F. L. Schaefer

{*Place of Business,* 109 N Fremont *Address,* 226 Saratoga St.

Louis E. Mohr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Obanon

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 11 *Years,* 3 *Months,* 4 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~; {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 349 W. Lombard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Bright's Disease

Duration of Last Sickness, about 10 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 1st 1879

{*Undertaker,* J. A. Seitz / *Place of Business,* No. 111 Light St.}

H. W. Webner M. D.
Medical Attendant.

Address 320 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizibeth A. Biggar

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~1~~ ~~Years,~~ 10 *Months,* 23 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 10 Mos. 23 Days.

Place of Death, {Give street and number} No 183 Dover St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Three (3) Weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 31st 79

Undertaker, Chas. J. Bell

Place of Business, 42 N. Eutaw St

W. L. Shipley M. D.
Medical Attendant.

Address, 979 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31282

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgate N. Barnes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~(illegible)~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number} No 711 Mt Vernon Place

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Typhoid pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 1st April 1879

J H Kettlewell M. D.
Medical Attendant.

Undertaker, H N Kettlewell & Son

Place of Business, 716 Light St Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Julian Allen

Sex, Male ~~or Female~~ {Cross out the word not required in this line.} Male

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, ~~Single, Widowed, Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 52 Eastern Ave

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Asthma

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 31st March 1879.

Undertaker, H.W. Deaton's Son

Place of Business, * 16 Light St

Julian Allen M. D.
Medical Attendant.

Address 104 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella E. Byrne

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 166 N. Carrollton Ave

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 31 March 4 Oclock

Undertaker, George C. Radenmayer

Place of Business, 38 Green Street

F. E. Chatard M. D.
Medical Attendant.

Address, 114 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Sp

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wineker,

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bailiff & Circuit Court.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 29 Linden Av.

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 30th 1879

{*Undertaker,* John J. Andrews

Place of Business, 42 E Druid Hill Ave

C. N. Hook M.D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Howard.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford County, Md?

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give street and number.} 20 Mulberry St Baltimore

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Division of Lung & Exhaustion

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, April 1st 1879

Wm. H. Lloyd M. D.
Medical Attendant.

Undertaker, John A. Weaver

Place of Business, # 229 W. Fayette St *Address* 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Murray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 — *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kings Co. Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 182 Columbia Ave

Cause of Death, First (Primary,) Cancer of penis (Epithelioma

Second (Immediate,) Exhaustion

Duration of Last Sickness, Abut 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 1st 1879

Undertaker, G B Cook

Place of Business, No 707 W Baltimore Street

J. Edwin Michael M. D.
Medical Attendant.

Address 248 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Alphonsa Hines

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 48 *Years,* 5 *Months,* 18 *Days*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cecil Co. Md.

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 604 W Fayette St. Baltimore

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,)}

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Kent Co Md

Date of Burial, April 1st 1879

Undertaker, I B Cook

Place of Business, No 707 W Baltimore St

Thomas Opie M.D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Special

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1879

Date of Death, March 30 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Roberts

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 228 Hollins St

Cause of Death First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, March 31 st 1879

Undertaker, W A Cook

Place of Business, 870 W Baltimore street

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pfeiffer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ 9 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, River Front

Place of Death, {Give street and number} 26 Miller Street

Cause of Death, First, (Primary,) Meningitis after a fall

Second, (Immediate,) Eclampsia

Duration of last Sickness, Fourteen (14) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, March 31. 4 Clock.

Undertaker, Julius Hauck.

Place of Business, No 12 Miller Str.

J W Sloan M. D.
Medical Attendant.

Address, E Cor Fayette & Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Hauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 29 Davis St

Cause of Death, {First (Primary,) Gastro Enterites

Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow 2 o'Clock April 1st

Undertaker, Jacob Muller

Place of Business, No 21 Harrison St

Address 37 N Calvert St

C. H. Mc Lane *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emmaline Thayer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~ ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly her lifetime

Place of Death, {Give street and number.} 10 S Wells Alley

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mass St. Cemetery James Bosley M. D.

Date of Burial, March 31st. 1879 Medical Attendant.

Undertaker, Wm. James Gray.

Place of Business, 205 Lombard St *Address* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th. March. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Gaines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Bethel Street No 82.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid fever

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1879

Undertaker, Theo. J. Doles

Place of Business, 78 Jefferson St.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 31 1879

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edwin Dickerson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 630 Lexington st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Chronic Pneumonia

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Winchester Winchester Va

Date of Burial, April 1st

Thos. G. Pugh M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, W. Fayette St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [OVER]

Transit 1364

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

Date of Death, March 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 202 N. Dallas St

Cause of Death First, (Primary,) Valvular Heart

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1879

Undertaker, Wm. A. Lunger

Place of Business, No 62 East St

A. A. Lucas, M. D.
Medical Attendant.

Address, 137 Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 31 1879

CERTIFICATE OF DEATH.

Date of Death, March 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo R. Foft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, ~~(W.)~~

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 N. Washington St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 1st 1879

Undertaker, Henry H. Mears

Place of Business, 454 Gay St

W. T. White, M. D.
Medical Attendant.

Address 241 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY ▲ FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29 = 1879 =

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bubzieger

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ / ~~Female~~

Age, 60 *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 222 Lombard Street.

Cause of Death First, (Primary,) Peritonitis

Second, (Immediate,) Pyemia

Duration of last Sickness, 98 days

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, April 1st 1879

Undertaker, Stewart & Mowan

Place of Business, 35 Park Ave.

Wm. H. Sellman M. D.
Medical Attendant.

Address, 249 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1367

KODAK S'AF

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest Cooper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~_____~~ *Years,* 5 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~_____~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 54 Moores Alley

Cause of Death, First, (Primary,) Indigestion (improper feeding

Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1879

Undertaker, James Brackett

Place of Business, Preston St

James H Lewis M. D.

Medical Attendant.

Address, Comm of Health to Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Sundmacher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 2 x 3 S. Bond st

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Blood Poisoning

Duration of last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 1

Undertaker, Mendelia Dippel

Place of Business, S. Bond st. 131

G. L. Wilkens M. D.
Medical Attendant.

Address, S. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Frauz

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bayern Ger. 32 yrs in Amer

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number.} St. Lucifs Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 31. 1879

Undertaker, H. Schultheis

Place of Business,

Dr. Carter M.D.
Medical Attendant.

Address, 1851 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 31 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baickfelder

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 33 yrs. *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number} University Hospital Lombard & Green Sts.

Cause of Death, First, (Primary,) Consumption of Lungs.
Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, County B. Ground

Date of Burial, March 31, 1879

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

T. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 81302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 346 E. Chase St.

Cause of Death, {First (Primary,) Congestion of the Brain

{Second (Immediate,) Asthenia, Old age

Duration of Last Sickness, 9 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 31. 1879

Undertaker, M. A. Daigh

Place of Business, 74 S. Broadway

H. A. Kluge M. D.
Medical Attendant.

Address Greene & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1879

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Fisher

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Moores alley 3rd door from Fessier st

Cause of Death First, (Primary,) Died suddenly. was not previously sick - no medical attendance -

Second, (Immediate,) Found dead

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Sharpe County

Date of Burial, April 1st

Undertaker, James Braselton

Place of Business, 150 Preston

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No ~~31293~~ 31304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Beale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Coal Trader

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} S. W. cor Gay & Candler

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, two Years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, April 1st 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address*

J. H. Dotter *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

Date of Death, March. 29/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gibson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Princess Ann. Somerset Co.

Duration of Residence in the City of Baltimore, -

Place of Death, {Give street and number} S.E. Cor Eager & Gerard sts.

Cause of Death {First, (Primary.) / Second, (Immediate,)} Hypertrophy of the Heart. 20 minutes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas st cemetery

Date of Burial, March 31/79

Undertaker, Wm H Madden

Place of Business, 835 N Howard st

Edward P Mendenhall M. D.
Medical Attendant.

Address, 137 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 31306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jane Brown

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-six years

Place of Death, {Give street and number} 521 N. Bond St.

Cause of Death First, (Primary,) Lung Consumption

Second, (Immediate,) .....

Duration of last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 1st 1879

..... *M. D.*
Medical Attendant.

Undertaker, Wm. Keirnan

Place of Business, 241 Madison St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara [illegible] Nase

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number} No 6 Funk St.

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2nd /79

Undertaker, F. A. Poole

Place of Business, #131 Hanover St

Felix Lemmon M. D.
Medical Attendant.

Address, # [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

Date of Death, March 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie E. Foard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 131 Chew st

Cause of Death, First, (Primary,) Tubercular Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1st 1879

Wm. L. Nunes M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1879 BALTIMORE

Date of Death, March 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Robinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Colored

Age, 3 *Years,* 5 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 199 Orleans St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Evergreen Cemetry

Date of Burial, April 1st 1879

A. H. Emich M. D.
per Mrs Emich Medical Attendant.

Undertaker, Wm. N. Dunyee

Place of Business, No 62 East St

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Reynolds

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Annis Co.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} # 404 N. Gay St.

Cause of Death, First, (Primary.) Chronic Brights Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 1 79

Geo. A. Wastman M. D.
Medical Attendant.

Undertaker, Henry Keefe

Place of Business, 307 Caroline

Address, # 305 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

Date of Death, March. 31. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Cooks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifteen Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} Off Locust Point

Cause of Death, First, (Primary,) —

Second, (Immediate,) Drowning.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, April 2nd 1879

Undertaker, H. A. Dugan

Place of Business, 74 S. Broadway

D. C. Ireland M. D.
Medical Attendant.

Coroner

Address, E. Wist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Estella Wolff

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Six (6) *Months,* Seventeen (17) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 710 E. Lanvale Street

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

W. W. Solomon M. D.
Medical Attendant.

Address, 65 Cayuga Near Linn Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Phillips

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, ed

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 47 Tyson Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Apr 1 1879

Undertaker, William Noonan

Place of Business, No 62 East Street

E. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 31314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Croghan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 24 President St

Cause of Death, First (Primary,) old age

Second (Immediate,) Bronchitis

Duration of Last Sickness, 60 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, April 1st. 1879

Undertaker, James D Byrne

Place of Business, No 63 N Frent St *Address* 76 S. Exeter St

Thos. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Office of Registrar of Vital Statistics.

Permit No. 31315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Conrad Pilseth

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, Seven *Years,* One *Months,* —— *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} North East Corner of Paulter & Mc Henry

Cause of Death {First, (Primary,) Congestion of Brain
Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 2th

Undertaker, A Pauler

Place of Business, 66 Fredrick Av

J. G. Smithson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 31316

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Garside

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 206 Calhoun St.

Cause of Death, {First (Primary,) Eclampsia (Puerperal)
Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 1st April 1879

Undertaker, C H Blizzard

Place of Business, 201 Lemmon ave.

H. C. Pole *M. D.*
Medical Attendant.

Address No 1 N. Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 31817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 52 years.

Place of Death, {Give street and number} No 232 W. Wolfe St

Cause of Death, First, (Primary.) —

Second, (Immediate,) Senility

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1st 1879

S. N. Shaw M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St., Address, Col. Eagle Carrier Shop

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...cal Profession is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 21318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida M Lowry

Sex, Male or Female, { cross out the word not required in this line. } F

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 539 Light St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malignant Scarlet Fever

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1st 1879 Thos Corbett M. D.

Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave. *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harry Judson Hays

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 7 *Years.* 10 *Months,* 26 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 41 Bruce St

Cause of Death, First (Primary.) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Int Olivet Cem.

Date of Burial, April 2d, 1879

Undertaker, Tom Santee

Place of Business, Pratt St

J. E. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 81320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1879

CERTIFICATE OF DEATH.

Date of Death, 31st March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wradislaw Savage

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 Years, — Months, — Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia, Austria 8 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Alice Ann Street 241

Cause of Death, {First (Primary.) / Second (Immediate,)} Hydrothorax

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery William Merkel M. D.

Date of Burial, April 1 / 1879 Medical Attendant.

Undertaker, Henry Hoock Address S. Wolfe St 114.

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th March 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Dunn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 38 Hanover

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate.)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 7th 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Light

H W Webster M. D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...C. BOLLEY & CO. CITY PRINTERS AND STATIONERS. [07M.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilla Reiley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Years, 1 Months, 5 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 71 Fayette 21-

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loyal Cemetery

Date of Burial, April 1st 79

Undertaker, Abraham Shayman

Place of Business, 13 Saratoga St. *Address,* City Hospital.

Wm R Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Mary Helber

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number} 242 E. Lombard St

Cause of Death { First, (Primary.) Dentition
, { Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Pauls By Dmidd

Date of Burial, April 2 / 1879 E. D. Mansfield M. D.
Medical Attendant.

Undertaker, Wm. A. Keenan.

Place of Business, Nr 242 Lombard *Address,* 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Justina Henry Stewart

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, ~~———~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } Williamson alley bt Hanover & Char

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1st 1879

Undertaker, Chas. A. White

Place of Business, Granby St

John A Sterrett M. D.
Medical Attendant.

Address, County Health Officer & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jo. Dansant

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

Permit No. 31325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Golden Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Rug Beach alley

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) ~~—~~

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, April 1st 1879

Thos A Shaw M. D.

~~Medical Attendant.~~

Undertaker, G. Kerchner

Place of Business, S. Carrollton Av. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any pefson shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Jos Parsons

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

Date of Death, Apr 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 6 8 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} 137 E Biddle St.

Cause of Death, {First (Primary,)} Capillary Bronchitis

{Second (Immediate,)} Asphyxia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary

Date of Burial, April 2nd/79

{*Undertaker,* Geo Schilling

{*Place of Business,* Ashland Square

H. B. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Wood

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Laurel - Prince George's Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 312 S. Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, Subject ill since one year of age

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, April 2nd 1879

Undertaker, Owens & White

Place of Business, E. Eutaw St

Thos. H. Sims M. D.

Medical Attendant.

Address, County Health Office Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas. Fitzpatrick

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August H. Metz

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 60 *Years,* 1 *Months,* — *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Music teacher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 N. Calhoun St

Cause of Death, {First (Primary,) Apoplexy — Paralysis

Second (Immediate,) 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 2d 1879

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St

Signature of Medical Attendant. H. Hilterbrandt M.D.

Address, 137 Wayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Augustah.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number} 345 Eastern Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Organic Disease of the Heart.

Duration of last Sickness, 13 weeks.

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'y

Date of Burial, April 2d

Undertaker, H. Fechlich

Place of Business, 246 Eastern Av

Aug. F. Eisah M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Loney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 328 Raborg st

Cause of Death, First, (Primary,) Abscess in the head

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2d 1879

Undertaker, W. N. Dungee

Place of Business, East St

Thos A Ellis M. D.
Attending Physician.

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

examined by Jas Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Murray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 19 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 183 Front St

Cause of Death {First, (Primary,) Measles / Second, (Immediate,) Pneumonia

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 1st 1879

Undertaker, Dept of Burials

Place of Business, City Hall

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1879 BALTIMORE

Date of Death, 31st March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Hale

Sex, Male or Female, {cross out the word not required in this line.} female

Age, about 30 Years, ~ Months, ~ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, no

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 116 N. Paca St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) ~

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 2nd 79

Undertaker, Wm Jenkins Son

Place of Business, 16 Light St

F. McCaw M. D.
Medical Attendant.

Address, 10 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, [redacted] the city of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 31333

VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos H Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* ——— *Months,* 26 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Officer Court Common Pleas

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~City~~ Harford Co

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 113 E Chew

Cause of Death, {First (Primary.) General Debility

Second (Immediate.) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 2d

Undertaker, R. C. Weidefeld

Place of Business, 91 Guilford Ave

F. A. Warner M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Grau

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bald City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cor L. Montgomery & China Streets

Cause of Death, First, (Primary.) Pelvic Abscess

Second, (Immediate,) Pyrexia

Duration of last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's B. Yard

Date of Burial, April 3. 1879

Undertaker, M. A. Daye

Place of Business, 74 S. Broadway

S. W. Slocum M. D.
Medical Attendant.

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR
APR
2
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nebel Virginia Turner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} #315 McDonogh

Cause of Death, First, (Primary.) Erysipelas (Whole body)

Second, (Immediate.) Asthenia

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2. 1879

Undertaker, H. A. Daige

Place of Business, 74 S. Broadway

Geo. A. Warnard M. D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR APR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Harriet Emrich

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Sixty Nine *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Tailoress

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Forty eight (48) years

Place of Death, {Give street and number} No 3 S. Schroder St

Cause of Death, First, (Primary.) Apoplexy, the result of a fall

Second, (Immediate.) ____

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2 nd 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

J. Shelton Hill M. D.
Medical Attendant.

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR APR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz: V. Dennis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 55 N. Population St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2nd, 1879.

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore street

H. M. Wilson M. D.
Medical Attendant.

Address 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ware Linsey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Ten *Years,* two *Months,* *Days.*

~~Color~~, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 116 E Fayette St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Malignar disease of heart Endocarditis

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 79

Undertaker, Theodore Locke

Place of Business, 73 Jefferson St

Elisha Price *M. D.*
Medical Attendant.

Address, 917 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR
APR
2
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Lessner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 229 E. Eutaw St.

Cause of Death { First, (Primary,) Apoplexy,
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 3rd 1879

Undertaker, W. F. Dice

Place of Business, 183 Columbia Ave

R. J. H. Tull M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

Permit No. 31340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 2 1879 BALTIMORE

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hammabacher

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 141 Addison Alley

Cause of Death, First, (Primary.) Inanition

Second, (Immediate,) ~~—~~

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2. 1879

_____ M. D.

~~Medical Attendant.~~

Undertaker, John P. Paulus

Place of Business, 66 Frederick Avenue

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Forbaugh

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT
APR
2
1879
BALTIMORE

Date of Death, March 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmerson Counties

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* 7 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wayne St. Balto. City

Duration of Residence in the City of Baltimore, 13 Months & 7 days

Place of Death, {Give street and number} 94 Peach Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, ~~April~~ 2 th

Undertaker, Hercules Ross

Place of Business 95 Conway St

J Yingling M. D.
Medical Attendant.

Address, 90 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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2

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Fritz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number} Belair Road Washington

Cause of Death, First, (Primary.) Paralysis 26 years

Second, (Immediate,) Debility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2 Oclock

Undertaker, George B Rodenmyer

Place of Business, 32 Canton Ave

W. W. White, M. D.
Medical Attendant.

Address, 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPAR
APR
1879
BALTIMORE

Date of Death, April 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Knell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 26 Years

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} 150 Johnson St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Ulceration of Stomach

Duration of last Sickness, 18 Mo —

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 3rd 1879

Undertaker, B. Hall

Place of Business, 411 Light St

J. H. Blaney M. D.
Medical Attendant.

Address, 76 Stacy St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3134[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

Date of Death, 1st April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore M Randall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 23 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Corner Balto & ~~Chestnut~~ & Charles St

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery C B Gaunt M. D.

Date of Burial, April 3rd 1879 Medical Attendant.

Undertaker, Keighus & Co

Place of Business, 65 S. Broadway *Address* 108 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 3134/5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Saffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} No 8 Wilkens Ave

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, W M Virginia Cemetery

Date of Burial, April 3. 1879

James Boulay *M. D.*
Medical Attendant.

Undertaker, Spear & Sapsean

Place of Business, 219 Baltimore

Address 219 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Larro.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11. *Years,* 2 *Months,* —— *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Schooley.

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, since his birth

Place of Death, {Give street and number.} 164 S. Bond St.

Cause of Death, First (Primary,) ——

Second (Immediate,) Phthisis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, April 3 /79

Undertaker, Wendelin Deffet

Place of Business, S. Bond St. 151

Ernst Wiemel M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Bucher

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years~~ 17 *Months,* ~~Days.~~

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 59 South St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, H. Church Cem

Date of Burial, April 3 "

Undertaker,

Place of Business, 151

E. O'Elair M. D.
Medical Attendant.

Address, 101 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9/348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Oneil

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 161 Warren St.

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Catholic

Date of Burial, April 3 1879

Undertaker, Mathias Gallagan

Place of Business, 228 Aisquith St

R. J. N. Tull *M. D.*
Medical Attendant.

Address, 152 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unnamed infant of Frances Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, a few Minutes *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 17 Lytton St,

Cause of Death First, (Primary,) Infanticide

Second, (Immediate,) ~~Homicide~~ Drowned

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, April 2d 1879

Date of Burial, W. P. Cemetery

Undertaker, Fred E. A. Kuchmer

Place of Business, 50 S Carroll Ave

Geo C Gyle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rumbel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One & Six Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Lanken & Wharf

Cause of Death, First, (Primary.) Diarrhea.

Second, (Immediate.)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 2nd 1879

Undertaker, John C. Schuk

Place of Business, 265 Alice anne st.

D. C. Roland M. D.
Medical Attendant.

Address, Corner E. & S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Martin

~~*Son, Male or Female,*~~ {cross out the word not required in this line.}

Age, Seventy-Five *Years,* June *Months,* Twenty Seven *Days.*

~~*Color,*~~ White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State Penna

Duration of Residence in the City of Baltimore, Forty Four Years

Place of Death, {Give street and number} 55 Etting St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Pericarditis

Duration of last Sickness, Three Months Twenty Three Days

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral

Date of Burial, Apl 3d

Undertaker, E. Mongh

Place of Business, 319 Park Ave

A. Brof M. D.
Medical Attendant.

Address, 76 Charles St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Reguster

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *~~Months,~~* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} S.E. cor. Chas. & Bond Sts.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 1 week 1 d

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 2d 1879

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St *Address,* 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oliver Marion Green

Sex, Male or ~~Female,~~ { Cross out the words not required in this line. } Male

Age, 1 *Years,* 5 *Months,* *Days*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } 379 E. Eager St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 379 E. Eager St.

Cause of Death, { First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 3rd 1879

Undertaker, G. W. Schilling

Place of Business, Aisquith & Monument Sts

Geo. W. Watson M.D.
Medical Attendant.

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3 1 3 5 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 3 1879 BALTIMORE MD.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Fantom

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 33 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 329 Light St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery.

Date of Burial, April 4th 1879.

Undertaker, Armstrong & Denny

Place of Business, # 265 Light St City.

J. C. Burch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rtificate.

Board of Health, City of Baltimore,

Permit No. 31351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ross

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 308 S Howard st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, April 3

Undertaker, Lucas Davis

Place of Business, 108 Lee st

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d April 1879

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Ella Griffin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} N. Wolfe St. 5.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cynanche Trachealis / 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem.

Date of Burial, Apr. 5th 79

{*Undertaker,* W. Frame / *Place of Business,* 280 Eastern Ave}

William Howell M. D.
Medical Attendant.

Address E. Wolfe St. 119.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allie Bennig

Sex, Male or Female, {cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 56 Short Street

Cause of Death, First, (Primary,) Chronic Croup

Second, (Immediate,) Catarrh

Duration of last Sickness, Most a week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 4 1879

Milton A Taylor M. D.
Medical Attendant.

Undertaker, J Henry Speed

Place of Business, 219 Central Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

Permit No. 31358 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. [illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 23 *Days.*

Color, *~~Sex~~,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 105 N. Central Ave

Cause of Death, {First (Primary,) Gastro Enteritis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem't Balto

Date of Burial, April 4th

Undertaker, Michael Funk

Place of Business, No 35 Park St

Address 131 Aisquith St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, a[illegible]condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and [illegible]f illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible] Hecker Stark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 21 *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 137 Forrest St

Duration of Residence in the City of Baltimore, 1 yr 3 mo 2 da

Place of Death, {Give street and number.} 137 Forrest St

Cause of Death, First (Primary,) Infantile

Second (Immediate,) Asphyxia

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Lutheran Cemetery

Date of Burial, April 30 71

Undertaker, Geo Killing

Place of Business, Ashland Square

Address 224 Broadway

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rtificate.

Board of Health, City of Baltimore,

Permit No. 31360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 and 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freeman Crowell

Sex, Male or Female; {cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 60 Parkin st.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate,) Asphixia.

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 3 1879

J. A. Ondhurst M. D.
Medical Attendant.

Undertaker, H. H. Mannucht

Place of Business, Saratoga St *Address,* 44 N. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. BOLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 2 79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ethel Rowlins

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and number } 1 Eutaw Place

Cause of Death, { First, (Primary.) Convulsions

Second, (Immediate,) Epilepsy

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 4th 1879

Undertaker, Forsyth & Sons

Place of Business, 265 Lafayette Ave

Edw M Seabrooke M. D.
Medical Attendant.

Address, 20 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Ross

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 68 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 3 Necessity al

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 4th 1879

Undertaker, Wm N. Burgess

Place of Business, N 62 East, st *Address,* City Hospital

Wm R Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or her, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Harlan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 137. North near Bath

Cause of Death, {First (Primary,) Malignant Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, April 4th 1879

{*Undertaker,* Henry W. Mears *Address* 43 N. Calvert

{*Place of Business,* 45 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary McGlone

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years +

Place of Death, {Give street and number} 41 Lemon St +

Cause of Death { First, (Primary,) Chronic Gastro Intestinal Catarrh
Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, April 4th 1879

Undertaker, J B Coale

Place of Business, No 707 W Baltimore Street

Edwd. F. Muehlem M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 31365 #31365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

Date of Death, Apr 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hagerstown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} St marys Orphan Asylum

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 3rd 1879

Undertaker, Joseph F Byrne

Place of Business, 697 W Libert

F E Chatard M. D.
Medical Attendant.

Address 1114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

Date of Death, April 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Reese

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster and fruit packer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 350 E Baltimore St

Cause of Death, First (Primary,) Tubercular Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 5 79

Undertaker, Thos L Hayes

Place of Business, 64 E Balto

W. Hammond M. D.S—
Medical Attendant.

Address 64 N St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria J Pratt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tailoress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, {Give street and number.} 455 W Fayette St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Asthenia

Duration of Last Sickness, In bed about a month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Jno. S. Jay M. D.
Medical Attendant.

Address Park Ave & Wheeling St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY ▲ FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 April 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Maternite

Duration of Residence in the ~~City of Baltimore~~, Asylum 4 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death First, (Primary,) marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 5 1879

Undertaker, Saml Brown

Place of Business, 156 Division St.

Thos Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31369.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of ~~Baltimore~~, Asylum 11 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) marasmus.

Second, (Immediate,) Spasm

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 5. 1879

Undertaker, Saml J Bowen

Place of Business, 156 Division St

Martin Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879 10 A. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Edgerton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 41 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Police Force

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 200 Bank St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, Has not left for One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, April 4

Undertaker, Henry Lander

Place of Business, 252 Eastern Av

James E. Donelle *M. D.*
Medical Attendant.

Address, 200 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pinkie Bryan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Seventy four *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Talbot Cty Md

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 180 Hughes st

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 3d 1879

Undertaker, Armstrong Henry

Place of Business, ~~260~~ 263 Eight st

Julius Ball M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...rtificate.

Board of Health, City of Baltimore,

Permit No. 31372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. ~~Redgrave~~ Redgrave

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 3 1 *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, No.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 633 W. Fayette St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 4th 1879

Undertaker, Hughes & Co

Place of Business, 550 W. Fayette St.

L. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 12 N. Chapel St.

Cause of Death, First, (Primary.) Measles.

Second, (Immediate,) Chronic Croup

Duration of last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 3 1879

G. G. Lusk M. D.
Medical Attendant.

Undertaker, Thomas Adams

Place of Business, 211 Edmondson Av. *Address,* Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Finn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} U. of C. Hospital Schroeder St.

Cause of Death, First, (Primary.) Malnutrition

Second, (Immediate,) Asthenia

Duration of last Sickness, — Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 4

T. A. Ashby M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Lemon

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

Date of Death, April 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Pensel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* (One) 1 *Months,* (Nineteen) 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dallas City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 200 N Dallas Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5th 1879

Undertaker, Adam Fink

Place of Business, 461 North Gay St.

J. W. Solomon M. D.
Medical Attendant.

Address 1610 Eutaw (or Lee) Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Calhoun

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 161 Lambert st

Cause of Death First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4th 79

Geo C Pyle Comm'r M. D.
Medical Attendant.

Undertaker, Wm F Bradden

Place of Business, 335 N Howard st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 & 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thomas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 80 Years

Place of Death, {Give street and number} 194 S. Sharp St.

Cause of Death {First, (Primary,) Softening of Spinal cord

{Second, (Immediate,) Paralysis

Duration of last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5 1879

Undertaker, D. Gilpas

Place of Business, 619 Howard St

Augustus M. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31378

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Oats

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 370 Austin St— Baltimore City Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 370 Austin St—

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, From birth (Reported by Parents)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem. Wm Corse M. D.

Date of Burial, April 4th 1879 Medical Attendant.

Undertaker, Julius Koehler *Address* 498 W Fayette St—

Place of Business, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Charles Francis Perry

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} April 2nd 1879

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 112 Orchard St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 4th 1879

Undertaker, Rob't Reid & Co

Place of Business, 17 Franklin St

H. Winslow *M. D.*
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31380

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1879 BALTIMORE

Date of Death, April 3d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Singer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24. *Years,* 8 *Months,* 9 *Days.*

Color, White

~~*Married*~~; *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 146. Saratoga st

Cause of Death, First, (Primary.) Slow Nervous Fever

Second, (Immediate.) & Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Home

Date of Burial, 4th of April

Undertaker, C. Hankel

Place of Business, 60 Park ave

C. L. Birdsleye M. D.
Medical Attendant.

Address, 166 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kavanagh.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 2 3 *Years,* — *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} St Josephs House of Industry Cor. Camp & Lexington sts

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) —

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Eastern.

Date of Burial, April 4th 1879

Undertaker, Joseph F Byrne

Place of Business, 59 & Liberty *Address* 543 Lexington st

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Phillips

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 34 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md:

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 159 Eutaw st

Cause of Death { First, (Primary,) Gradual Asthenia
Second, (Immediate,)

Duration of last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, April 4th

D Webster Cattell M. D.
Medical Attendant.

Undertaker, H. C. Midgley

Place of Business, 92 Eutaw

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 – 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Caine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Policeman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Md Asylum for Col. Insane N. Broadway – Residence 94 S. Amity St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, 2 years 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6th 1879

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

J. D. Clarin M. D.
Medical Attendant.

Address Md Asylum for Col. Insane N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R Wallace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 2⁄12 *Years,* 11 *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} 183 Linden Ave

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Beaufort S. C.

Date of Burial, April 5th 1879

Undertaker, John H. Feaver

Place of Business, # 22 W. Fayette St

Address,

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1898 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... }

Date of Burial, ... } ..... *M. D.*

Medical Attendant.

Undertaker, ... }

Place of Business, ... } *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kennedy

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~175 Vine St~~

Place of Death, {Give street and number} 175 Vine St.

Cause of Death { First, (Primary,) Tabes Mesenterica

Second, (Immediate,)

Duration of last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, April 4th 1879

Undertaker, C B Cook

Place of Business, No 707 W Baltimore street

Edwd F. Nicholson M. D.
Medical Attendant.

Address, 27 J. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McCoy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 352 Franklin St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, April 5th 1879

Undertaker, J. R. Clark

Place of Business, No 707 W. Baltimore Street

John Duff M. D.
Medical Attendant.

Address, 508 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Conner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} U. S. C. Hospital Schroeder St.

Cause of Death, First, (Primary.) Mal-Nutrition

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Apl 4

Undertaker, C. A. Bloss

Place of Business, 201 Park

T. A. Ashby M. D.
Medical Attendant.

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Knepper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three (3) *Years,* Five (5) *Months,* Ten (10) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 213. N Canal St

Cause of Death, First, (Primary.) Pneumonia & Renal Congestion

Second, (Immediate,) Asphyxia

Duration of last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, April 6th 1879

Undertaker, Geo. H. Schultz

Place of Business, 611 Monument & Eutaw Sts

Jno. Gibson M. D.
Medical Attendant.

Address, 611 Monument & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ammanda E. Powell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co, Maryland

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number} 291 Hanover st

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Kent County

Date of Burial, April 6th 1879

Undertaker, Armstrong & Kenny

Place of Business, 231 Light st

Theodore Lodtz M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1369

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 8th

Undertaker, B. Hart

Place of Business, [illegible]

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8/392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen M. Brant

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 69 N Monroe St

Cause of Death {First, (Primary,) Meningitis

Second, (Immediate,) ~~Meningitis~~

Duration of last Sickness, ~~—~~ 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Apr 6th 1879

Undertaker, Hughes & Co

Place of Business, 55 & 57 W Fayette St

J R McMinn M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Smith

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, 1 Year 7 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Not known

Duration of Residence in the City of Baltimore, 5 or 6 years about

Place of Death, {Give street and number.} 25 N Broadway

Cause of Death, {First (Primary,) Cancer & Heart disease / Second (Immediate,) Exhaustion & Heart disease}

Duration of Last Sickness, All about one week

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Philadelphia Road

Date of Burial, April 5th 1879

W. H. Sammons M.D.
Medical Attendant.

Undertaker, John Lutze

Place of Business, No 161 E Balto St

Address. 161 E Balto St

Paid

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Sadler

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Tailoress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twelve Years, 11

Place of Death, { Give street and number. } 52 E Bidle st

Cause of Death, { First (Primary,) Premature birth (Parturition) Second (Immediate,) caused by a fall on stairs,

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 6. 1879

{ *Undertaker,* J. J. Rennig

{ *Place of Business,* 94 Orleans st

A. P. Gaten, *M. D.*
Medical Attendant.

Address 133 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 : 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Young

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 6 Weeks ~~Months~~, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 2 Little Broadway

Cause of Death, First, (Primary,) Catarrhal Fever

Second, (Immediate,)

Duration of last Sickness, 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th 1879

Undertaker, Theodore Fiske

Place of Business, 78 Jefferson St. *Address,* 291 E Baltimore St.

James E Donnelle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mefatuel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Ox Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 17 S. Dexter Street

Cause of Death First, (Primary,) Drowned on board Sup. "Ella"

Second, (Immediate,) April 2nd 1879

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1879

Undertaker, Theodore J. Lokes

Place of Business, 73 Jefferson St

James E. Donlon *M. D.*
Medical Attendant.

Address, 19 E Bath Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Ross

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1. *Years,* 8. *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 240 Lee St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6

Undertaker, H Boyle

Place of Business, Henrietta St 81

Theodore Cook M. D.
Medical Attendant.

Address, 116 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh G. Warren

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Twenty two Years, Eleven Months, Four Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Plumber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada — In U.S. 13 Years, 4 Months.

Duration of Residence in the City of Baltimore, Eight Years and six Months

Place of Death, {Give street and number} No. 224 Lee St.

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Brights Disease

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 6 1879

Undertaker, B. Hall

Place of Business, Light St

J. Tyler Smith M. D.
Medical Attendant.

Address, 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th April 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Lee McLaughlin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~, 9 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 112 Dolphin St

Cause of Death, { First (Primary,) Retro pis. / Second (Immediate,) Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ceme

Date of Burial, April 6th 1879

Undertaker, Chas T Scriven

Place of Business, 231 N. Eutaw St

Jno. K. Boyer *M. D.*
Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Patterson Bonaparte

~~Sex, Male~~ *Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* 1 *Months* 29 *Days.*

Color, White *Sex,* Female

~~Married, Single~~ *Widow or Widower* {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Cathedral Street

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 7th April 1879.

Undertaker, H.H. Jenkins Son

Place of Business, 16 Light St.

S. Mackenzie M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address,* .....

.....
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lyman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 18 years *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Penna Ave & Lanvale St

Cause of Death { First, (Primary.) Heart Disease
Second, (Immediate,) Pulmonary Congestion

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 6 at 2 PM

Undertaker, J E Hough

Place of Business, 319½ Penna ave

J. Thos Dickey M. D.
Medical Attendant.

Address, 61 Madison Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet A. Holton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Isle of Jersey 14 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 473 N. Fayette St

Cause of Death, First (Primary,) Vitular ans

Second (Immediate,) Extreme prostration & Syphilis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Jackson Gilmour M. D.

Medical Attendant.

Date of Burial, April 6th

Undertaker, M. Cadogan *Address*

Place of Business, 230 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. B. Lanny

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 75 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 64 yrs.

Place of Death, {Give street and number} 274 E. Monument St

Cause of Death { First, (Primary,) Gastric Catarrh
Second, (Immediate,) Innutrition

Duration of last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 7th

Undertaker, Henry Sander

Place of Business, 252 Eastern Av *Address,* 186 Aisquith St

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet K. Nimbley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 169 N Dallas

Cause of Death First, (Primary.) Scrofula

Second, (Immediate,) Dysentary

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 6 1879

Undertaker, A White

Place of Business, 36 Granby St

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Greenwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 6 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, do

Place of Death, {Give street and number.} 121 S. Spring St. Baltimore

Cause of Death, First (Primary,) Brain Fever.

Second (Immediate,) Gastric Cause ✓

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Schlagels Cemetery Dr. Martin Fish M. D.

Medical Attendant.

Date of Burial, April 6th 1879

Undertaker, Randolph Sigel

Place of Business, Bond & 154 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Ampsmeier

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 10 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 Months 10 days

Place of Death, {Give street and number.} 65 Columbia Avenue

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J Edward Kirby M. D.

Date of Burial, April 5. 1879 Medical Attendant.

Undertaker, J. B. Blackistone & Son *Address* 24 Columbia Ave

Place of Business, 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Young

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 95 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} England

Duration of Residence in the City of Baltimore, 83 years

Place of Death, {Give street and number} 58 82 Aisquith st

Cause of Death, First, (Primary.) Old Age & Exhaustion

Second, (Immediate,)

Duration of last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, April 6. 1879

Undertaker, H. A. Dreyer

Place of Business, 74 S. Broadway

J. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 19 Wood Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6, 1879

Undertaker, H. A. Dager

Place of Business, 74 S. Broadway

_____ *M. D.*
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1879 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 7, 1879

Undertaker, M. A. Daigen

Place of Business, 714 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Manus

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 S. Chapel St

Cause of Death, First, (Primary.) Insufficient Nutrition (Twins)

Second, (Immediate,) Emaciation

Duration of last Sickness, Delicate Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Alyshousus Cem

Date of Burial, April 6th 1879

Undertaker, Wendel Dyffel

Place of Business, S. Bond St

_____ *M. D.*
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Stitz Jr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 S Caroy St

Cause of Death, First, (Primary,) Tuberculer Consumption

Second, (Immediate,) Consumption

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 7th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

W Keating M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3147 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Riggs

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 168 S. Wolf st

Cause of Death, First, (Primary.) Asthma

Second, (Immediate,) Exhaustion (senile Decay)

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 7th 1879

Undertaker, H. A. Daiger

Place of Business, S. Broadway

James A Steuart M. D.
Medical Attendant.

Address, Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Examined by Sos Insaut

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, Colord

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore. About 1 mos.

Place of Death, {Give street and number.} 87 Canal St, Bermondite

Cause of Death, {First (Primary,) Second (Immediate,)} "

Duration of Last Sickness, 3 or 4 wks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem

Date of Burial, April 6th 1879

Undertaker, Chas T Semmes

Place of Business, 211 N Eutaw St

Eldridge C Power M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Moran

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 47 Hillman St

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 6 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D. C. Jordan M.D.
Medical Attendant.

Address, 220 East Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 6 1879 BALTIMORE. HEALTH DEPARTMENT

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Franklin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number} 52 Little Monument St.

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,) "

Duration of Last Sickness, About 4 wks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 6th 1879

{*Undertaker,* Wm James Gray

{*Place of Business,* 65 Mulberry St

Eldridge C. Price M. D.
Medical Attendant

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1879 BALTIMORE

Date of Death, April 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knittle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Milkman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Hanover & ~~Stevens~~ McComas St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia Typhoid

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, April 7th

Newton Coe M. D.
Medical Attendant.

Undertaker, J. B. Earle

Place of Business, 96 Light St

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1370

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius L. Graham

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} Male

Age, Thirty Two *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 187 Adams St

Cause of Death, First, (Primary,) Congestion of the brain

Second, (Immediate,) Suffocation

Duration of last Sickness, About Five Days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 7th 1879

Undertaker, Henry K. Mears

Place of Business, 458 N Gay St

Milton N. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Stanley

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eden St. Court.

Cause of Death, {First (Primary,) Convultions

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, April 6th 1879

Undertaker, Wm N Dunges

Place of Business, No 62 East [illegible]

E. B. Fenby *M. D.*
Medical Attendant.

Address, 319 N Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E. Foreman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 283 William St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 6th

Theodore Cook M. D.
Medical Attendant.

Undertaker, C. B. Parker

Place of Business, 146 Hanover St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Isabella Wirth

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 190 Hanford Avenue

Cause of Death, First, (Primary.)

Second, (Immediate,) Scarlet Fever (Malignant)

Duration of last Sickness, about 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 7 1879

Undertaker, Geo. Hook

Place of Business, 36 N. Central

F. Ridgely Hodge M. D.
Medical Attendant.

Address, No 1210 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W^m Mason

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~———~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 205 Hamburg st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7, 1879

Undertaker, Hercules Ross

Place of Business, Conway st

James A Hearn M. D.
Medical Attendant.

Address, County of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Eliz^th. Nugent

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gulf. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 633 N. Gay St.

Cause of Death, First, (Primary,) Morbilli

Second, (Immediate,) Eclampsia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th 1879

Undertaker, John F. Weaver

Place of Business, 22 N. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate L Lindsay

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 280 Howard st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Straus St. Cemetery

Date of Burial, April 7 1879

Undertaker, Jacob Davis

Place of Business, Lee St

H. W. Nebeker M. D.
Medical Attendant.

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31425.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter L. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 0 *Months,* 11 *Days.*

Color, W. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.W. Cor Eutaw & Lombard

Cause of Death, {First (Primary,) Croup —

Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, April 7th 1879

Geo H Taylor *M. D.*
Medical Attendant.

{*Undertaker,* Hughes & Co

Place of Business, 550 West Fayette St & 65 South Broadway *Address* Maunsell House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Phillipine Mueller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 49 Block Alley

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Effusion

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, April 7 1879

{ *Undertaker,* W. C. Watchman
{ *Place of Business,* 179 S Bond St

M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Emanuels Cemetery, Harford Road above Hoods Springs

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Schmidt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* 3 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Milkwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 920. Hanover St

Cause of Death, First, (Primary,) [blank]

Second, (Immediate,) Senesis of the Liver

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 8 [illegible]

Undertaker, Henry Boile

Place of Business, Hannetta St 81

Reuben Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} _____

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, _____ *Years,* _____ *Months,* _____ *Days.*

Color, _____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} _____

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} _____

Cause of Death, First, (Primary,) _____

Second, (Immediate,) _____

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street *Address,* _____

_____ *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clark Edmondson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 23 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 658 W Lombard

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) .....

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, April 7th 1879

{*Undertaker,* J. B. Cook

Place of Business, No 707 W. Baltimore street}

John Steel M.D.
Medical Attendant.

Address, 2 N. Caroline.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Matthews

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 34 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ellicott City Md

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and number} Beals Court Bond & Mulliken (St)

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption.

Duration of last Sickness, about 6 years

All the above information should be furnished by the Physician.

Place of Burial, Black St. Cem'y

Date of Burial, April 8 1879

Undertaker, The° J. Lucks

Place of Business, Jefferson St

James H Cleaves M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examined by John H. Coulter M.D.

Board of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth L. Tilesen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Eighty *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Reading Massachusetts.

Duration of Residence in the City of Baltimore, About Fifty years

Place of Death, {Give street and number} No. 135 Russ St

Cause of Death {First, (Primary,) Alder Age

Second, (Immediate,) General debility

Duration of last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 8th 1879

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

D. L. Rosen M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Flopf

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 167 Stirling st

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 1 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

M. D.

Geo. Lauer M. D.

Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 3/4133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th April 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louisa Airey Hoffman.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy four (74) *Years,* *Months,* *Days.*

Color, White -

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore -

Duration of Residence in the City of Baltimore, Seventy four years -

Place of Death, {Give street and number.} 106 Park ave -

Cause of Death, {First (Primary,) Senecy Thermia - Second (Immediate,) Exhaustion -

Duration of Last Sickness, about Six months -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 8th April 1879.

W Cranch Bibler M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

.....

M. D.

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 7 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5-5- ~~72~~ years.

Place of Death, {Give street and number.} 36 Lawson St.,

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels B. Ground

Date of Burial, April 8. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

A. A. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E J Henson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West St Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Law St

Cause of Death, {First (Primary,) Second (Immediate,)} Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Old fellows burying ground

Date of Burial, April 7th 79

{*Undertaker,* Charles A White
Place of Business, 35 Granby Street} *Address* No 1358 E Balt St

C Coliston *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Subject

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. CITY APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Mitchell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 0 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 S. Bethel

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Dallis st cemetery

Date of Burial, Apr 7/79

Undertaker, Thos F Locke

Place of Business, 5 P.S. Wolfe st

G. H. Lusk M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Killip

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 Two *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, House Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } Corner Fayette & East

Cause of Death { First, (Primary,) — Second, (Immediate,) Heart Disease

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 7 1879

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

D. D. Nelson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

Date of Death, April 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Griffin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 25 Guilford Alley

Cause of Death { First, (Primary,) Broncho Pneumonia
Second, (Immediate,)

Duration of last Sickness, all winter, ill one week

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, April 7 1879

Undertaker, F. A. Kirchner

Place of Business, Carrollton Av *Address,*

Edwin Gail M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1879

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Banks mother father unknown

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, A few hours *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 60 Orchard St.

Cause of Death {First, (Primary,) Premature birth

Second, (Immediate,)

Duration of last Sickness, A few hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1879

Undertaker, Wm. H. Bishop Jr.

Place of Business, #97 Druid Hill Ave

E. D. Keller M. D.
Medical Attendant.

Address, 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6. 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Murphy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, U. S. Watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Waterford, Ireland. 32 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 151 E. Chester St.

Cause of Death { First, (Primary,) General decay of System
Second, (Immediate,) 2 1/2 months (About.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 8. 1879

{ *Undertaker,* A. A. Dayer
{ *Place of Business,* 74 S. Broadway

John F. Monnonier M. D.
Medical Attendant.

Address, S. W. Colvert & Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE APR 1879

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Coales

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Boiler Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 4 Yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Chronic Diarrhoea
Second, (Immediate,) Asthenia

Duration of last Sickness, 5 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, E. Bal. Cemetery

Date of Burial, April 7. 1879

{ *Undertaker,* S. Martin
Place of Business,

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary.) Typhoid Fever.

Second, (Immediate,) Asthenia

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, April 7 1879

Undertaker, P. Mullin

Place of Business, ———

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 8 1879

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elis Anderson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 9 *Months,* 1 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} # 2 Plum alley

Cause of Death, First, (Primary.) Mal Nutrition — (Artificial)

Second, (Immediate,) Marasmus

Duration of last Sickness, all its Life Delicate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem[illegible]

Date of Burial, April 8th 1879 Wm. H. Sims M. D.

Undertaker, Hercules Rose

Place of Business, Conway St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Joseph - Vansant [illegible]

Board of Health, City [illegible]

Permit No. 31445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus D. Shultz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, { Give street and number. } No 211 Fitzpatrick Street

Cause of Death, { First (Primary,) Hemiplegia / Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, About 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 9th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. E. Whiteford M. D.
Medical Attendant.

Address 175 Fitzpatrick St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rossman

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria (5 yrs in America

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Peritonitis (could find no other cause than

Second (Immediate,) that stated by the patient - Cold - (A post. mortem

& Laceration

was not held)

Duration of Last Sickness, Said to be eight days (was in Hosp. 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 7th

Undertaker, A. Keech & Son

Place of Business, 207 N. Eutaw st

Oscar A. Carey M.D.
Medical Attendant.

Address, 188 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Apr 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Thomas

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 18 *Years,* *Months,* *Days*

Color, blk

~~*Married,*~~ *Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Jenkins alley near Randolph

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loma Bonevalley

Date of Burial, April 8 1879.

Undertaker, Jones & Jordan

Place of Business, 13 Pratt

G Lane Tompkins M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 31448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday, April, 6, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Brand

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} No 86 S. Durham St.

Cause of Death {First, (Primary,) Aortic obstruction - Aneurism

{Second, (Immediate,) — Asthenia

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1879

{*Undertaker,* Theodore J. Locke

{*Place of Business,* 73 Jefferson St *Address,*

G. L. Wilkens *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Eckhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* X *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Balto St Cor

Cause of Death, First (Primary,) Cerebro Spinal Fever

Second (Immediate,) Cholera

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1879

Undertaker, Theodore J Locke

Place of Business, 73 Jefferson St. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest, Keyhoe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 152 Aisquith St

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, Two weeks & two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Church

Date of Burial, Tuesday 8th 1879

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave.

Thos. F. Owens M. D.
Medical Attendant.

Address, No. 50 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Death or Burial, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Magdalene Blatter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, about six months

Place of Death, {Give street and number.} 720 Lexington St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8th 1879

Wm H Murray M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 55 & 11 Fayette St *Address* 3 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 81452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Valentine

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Boulden alley

Cause of Death, {First (Primary,) Incontinence of Urine
Second (Immediate,) Diabetis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8 1879

Undertaker, C. H. Chase

Place of Business, 988 Howard st

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 38 L. Monument St

Cause of Death, {First (Primary,) Whooping cough

{Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mary Cemetery

Date of Burial, April 8 1879

{*Undertaker,* H. H. Chase

{*Place of Business,* 198 N Howard st

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the exact date of death, [illegible] and deaths of children. [illegible]

I believe the foregoing to be correct although I had not seen the child for two weeks before death

J. E. A.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Johnson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 0 *Months,* 11 *Days.*

Color, Black *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} single

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 23 Saint Mary's.

Cause of Death, {First (Primary,) / Second (Immediate,)} Atrophy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Spring Garden Balto. Co

Date of Burial, April

{*Undertaker,* A H Chase

Place of Business, 198 Hanover st *Address* 179 E. Monument st.

Henry Mercer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James S. Gaskins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Real Estate Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Princess Anne Co Virginia

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, { Give street and number. } 221 Carrollton Avenue

Cause of Death, { First (Primary,) Bright's Disease & Valvular Disease of Heart
{ Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va.

Date of Burial, April 9th 1879

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 550 W. Fayette St

John H. Gaskins M. D.
Medical Attendant.

Address 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Phelps

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Cancer / Eutaw bet Pratt & Lombard

Cause of Death, First (Primary,) Cancer

Second (Immediate,) about One year

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 8th 1879

Chas A Doman M. D.
Medical Attendant.

{*Undertaker,* Jas P Byrne
Place of Business, 63 N Front

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia J. Stokes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Co. Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 79 N. Caroline St

Cause of Death, First (Primary,) Carcinoma Uteri

Second (Immediate,)

Duration of Last Sickness, 12 mo

All the above Information should be furnished by the Physician.

Place of Burial, Balto. County M.E. Ground

Date of Burial, April 9th

M. D.
Medical Attendant.

Undertaker, ~~Wm~~ Jos. Griffith Bro

Place of Business, 51 Broadway *Address* Fells Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Date of Death, April 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. O Leary

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore, 1 yrs 7 mos

Place of Death, {Give street and number} 10 Lemmon st

Cause of Death, First, (Primary.) Diphtheritic Croup.

Second, (Immediate.) Two (2) days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 8

Undertaker, P. H. Cook

Place of Business, 707 W. Balto St

D. L. Spicer M. D.
Medical Attendant.

Address, 379 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Domain Turaik

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 247 Dallas St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

E. B. Fenby M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Emerick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three (3) Years, Three (3) Months, Nine (9) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 157 Stirling Street

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 9th 1879

Undertaker, Henry Heath

Place of Business, 220 Eastern Ave

Sir Nelson M. D.
Medical Attendant.

Address, 157 Eager Corner Stirling Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harris F. Ray

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, [illegible] *Years,* 5 *Months,* [illegible] *Days.*

Color, Light Complexion

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } No. 74 Mercer

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Shorpe St

Date of Burial, April 8

Undertaker, Wm. Madden

Place of Business, 231 N. Howard St

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4M.]

The Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 8 1878

Undertaker, Mathews Cadogan

Place of Business, 230 Mulberry St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hank H Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 17 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, S

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 2 Iowa Court

Cause of Death First, (Primary,) Scarlet Catarrhal Fever

Second, (Immediate,)

Duration of last Sickness, 3 Months saw it once

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Pres.

Date of Burial, April 9th 79

Undertaker, Hedrick Sons

Place of Business, 29 Hanover St

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Corrigan

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth, } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9th 1879 ..... *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen K Kent

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 15 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 225 Argyle Ave

Cause of Death, First (Primary,) Phthisis Pulmonis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th 1879

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave

H. O. Latimer M.D.

Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Date of Death, Apr. 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Rutherauff,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* 18 *Days.*

Color, White *Sex,* Female,

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Most of life,

Place of Death, {Give street and number.} 254 Lanvale St,

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Hemiplegia

Duration of Last Sickness, 3 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, April 10/79

Undertaker, Standard Manuel *Address* 247 Lanvale st

Place of Business, 35 Pay Lar

J. L. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Date of Death, April 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. [illegible]

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 4 *Years,* ~~*Months,*~~ *Days*

Color, Wht

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Caroline No 40

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 8th

{*Undertaker,* [illegible]

Place of Business, [illegible]

Edwards *M. D.*
Medical Attendant.

Address. 1136 Druid Pl

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 31468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Henry Lannigton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 1 6 *Years,* 3 *Months,* 7 *Days.*

Color, col

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 38 Holliday St

Cause of Death, {First (Primary,) Typhoid / Second (Immediate,) Hemorrhage of bowels

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1879

Undertaker, Wm. N. Dugue

Place of Business, No 62 East St

C. F. Bellemann M. D.
Medical Attendant.

Address 241 E Eg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Warner 1512

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Stillyard

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, Col

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tennessee

Duration of Residence in the City of Baltimore, About 14 Years.

Place of Death, {Give street and number.} 78 Chestnut St. Balto.

Cause of Death, First (Primary.) Scrofulosis,

Second (Immediate,) Diarrhoea, Anæ Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1879

Undertaker, Wm N. Dunger

Place of Business, No 62 East 24

Dr. H. Scauff *M. D.*
Medical Attendant.

Address 4 Callender St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8. April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace D Barclay

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty seven *Years,* Nine months *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newport Rhode Island

Duration of Residence in the City of Baltimore, Six & half months

Place of Death, {Give street and number} N. E. cor. Fayette & Paca Sts

Cause of Death { First, (Primary,) Bright Disease
Second, (Immediate,) Asthenia

Duration of last Sickness, Twelve months.

All the above information should be furnished by the Physician.

Place of Burial, Stamford, Conn.

Date of Burial, April 10th 1879.

Undertaker, Jno. F. Weaver

Place of Business, 222 N. Fayette

Martin Brune M. D.
Medical Attendant.

Address, 5 & 7 McCulloh

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1372

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sue S. Eldridge

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 23 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 71 S. Etele

Cause of Death, First, (Primary.) Meplelitis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Seaford Delaware

Date of Burial, Apr 8 1879

Undertaker, Jno S Hughes

Place of Business, 66 E Balto St

H. H. Mebold M. D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1373

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ethelyn Bee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 189 Lanvale St

Cause of Death, {First (Primary,) Typhoid

Second (Immediate,) Diarrhea & Gastro-enteritis

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Balto

Date of Burial, April 9th

Undertaker, C H Hilyard

Place of Business, 201 Paltimore

Elias L Price M.D.
Medical Attendant.

Address 267 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31473,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Rogers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 Years, ____ Months, ____ Days.

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Georgetown British Guiana S. A.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} Hull Lane #5

Cause of Death, First, (Primary.) Climatic Change

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Theo. Jacobs

Place of Business, 73 Jefferson St. Address, 124 n. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vincent Staub

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Spasms

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April. 8. 1879

{ *Undertaker,* Samil Bowers
{ *Place of Business,* 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~the~~ April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Four *Years,* Six *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Horse Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, ~~Two~~ 20 years

Place of Death, {Give street and number.} No 2 Wolf St. N.

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Johns Church Wesley Balto

Date of Burial, 9th Inst 8 Oclock P.M.

{*Undertaker,* Geo C Pedemonte

Place of Business, 38 Exeter St

Address 133 N. Exeter St

A P Gaw *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 31476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday 1 PM April 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Spann

Sex, Male or ~~Female~~. {Cross out the words not required in this line.} Male

Age, 65 *Years,* 2 *Months,* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Canton St near O Donnell St

Cause of Death, First (Primary,) Laceration and Crushing of the Right Foamer by R R Cars

Second (Immediate,) Shock overcome by prostration not supposed fatality of Vital Injunction

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, N. Athanasius Cem.

Date of Burial, Apr. 9th '77

Undertaker, N. France

Place of Business, 280 Canton

J Steiner M. D.

Medical Attendant.

Address, 2 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31477

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Date of Death, April 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie P Randell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* 6 *Months,* 19 *Days.*

Color, Wite

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life-time

Place of Death, {Give street and number} 93 N Eden St

Cause of Death {First, (Primary,) Tuberculosis

{Second, (Immediate,) Asthenia &c.

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemtry

Date of Burial, 10 April D W Bathell *M. D.*

Medical Attendant.

Undertaker, J J Chalmers

Place of Business, 233 Balt St *Address,* 217 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31478

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Ruigheimer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Sixty five *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cabinet Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give street and number } 324 Canton Ave.

Cause of Death, First, (Primary.) Strangulation (Suicide)

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, April 9th 1879

Undertaker, [illegible]

Place of Business, 120 1/2 E. Broadway

D. C. Ireland M. D.
Medical Attendant.

Address, Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Curran Beall.

HEALTH DEPARTMENT APR 8 1879 BALTIMORE

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 34 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} P. Harburg Pa.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 35 Conway St

Cause of Death, {First (Primary,) Epilepsy & Erysipelas. Second (Immediate,) asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 9th 79

Undertaker, E. A. Pole

Place of Business, #131 Hanover St

F. E. Chatard M. D.
Medical Attendant.

Address 114 East ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Abel Jones

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Marys County Md

Duration of Residence in the City of Baltimore, three years

Place of Death, { Give street and number. } 168 N. Neigh St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, about two days

All the above Information should be furnished by the Physician.

Place of Burial, St Marys Co Md

Date of Burial, April 9th 1879

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St

S. Fulton Coyner M. D.
Medical Attendant.

Address 134 N. Neigh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Front 1374

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas J. Leslie

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 5 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Brick Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Born in Balt

Place of Death, { Give street and number } 179 Wash St

Cause of Death, { First, (Primary.) Gastro Enteritis / Second, (Immediate.) Acute Peritonitis

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 10 1879

Undertaker, No 5 Woodward

Place of Business, 198 Howard St

Thornton Coale M. D.
Medical Attendant.

Address, 11 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Christian Tietze

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 180 N. Fremont St.

Cause of Death, {First (Primary.) Unknown

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, April 9th 1879

Undertaker, John J. Andrews

Place of Business, 164 & 166 Druid Hill Ave

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Dougherty

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 316 E. Pratt St.

Cause of Death { First, (Primary,) — Second, (Immediate,) Apoplexy 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 10th 1879

Undertaker, Hughes & Co

Place of Business, 63 S Broadway

R. M. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William F. Simms

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } A. A. Co. Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 36 Low Street

Cause of Death, First, (Primary,) Kidney Disease

Second, (Immediate,) Bright's Disease

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1879

Undertaker, Chas A. White

Place of Business, Granby St

James A. Steuart M. D.
Medical Examiner

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. David Hollis

Sex, Male ~~or Female~~, {cross out the word not required in this line.} —

Age, — *Years,* 5 *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 272 Mc Donough

Cause of Death {First, (Primary,) —

{Second, (Immediate,) Marasmus

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 9, 1879

Undertaker, Charles A. White

Place of Business, 26 Granby street

Silas M. Hunter M. D.
Medical Attendant.

Address, 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31486,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hallner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 46 Orleans St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Do

Duration of Last Sickness, four years

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery, Pikesville Richd Pennington *M. D.*

Date of Burial, April 9th 1879 Medical Attendant.

{*Undertaker,* James A Boyce

{*Place of Business,* No 63 S Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Johnson

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~

Age, 44 *Years,* ... *Months,* ... *Days.*

Color, Colore

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ~~Single~~

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number } 79 Pierce st.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1879

{ *Undertaker,* Mathews Gittings

{ *Place of Business,* 228 Mulberry St

Geo Ogle Comer M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Salisbury

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 4 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 13 Greenmount Ave

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apr 10th 1879

Silas M. Hunter M. D.
Medical Attendant.

Undertaker, H C Whitfield

Place of Business, 9 Greenmount Ave

Address, 9 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Jane Mourray

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Tobacco Sticks Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 214 Hughes Street

Cause of Death, First, (Primary,) Second, (Immediate,) Consumption

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10th 1889

Undertaker, S. W. Chase

Place of Business, Howard St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick Bd. H.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F. Charles Groos.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 5 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 318 Hanover St.

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate.) Chron Pneumonia

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10th 1879

R. J. H. Tull *M. D.*
Medical Attendant.

Undertaker, Henry Brill

Place of Business, Henrietta St 81 *Address,* 132 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elanora May Borley

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.} Female

Age, One *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 85 N. Pulaski

Cause of Death First, (Primary,) Scarletina Anginosa

Second, (Immediate,)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 10th 1879

Undertaker, S. M. Leonard & Son

Place of Business, 182 N. Baltimore St

John Neff M. D.
Medical Attendant.

Address, 538 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday 2 A.M. April 9/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Cramer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 9 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 224 S. Ann St. Baltimd

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 224 S Ann St.

Cause of Death {First, (Primary,) Capillary Bronchitis

{Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 10th

Abram B Arnold M. D.
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av | *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hartzell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 9 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 224 Lemon St

Cause of Death, {First (Primary,) Second (Immediate,)} Disease of the Spine

Duration of Last Sickness, Sick for 3 years

All the above information should be furnished by the Physician

Place of Burial, Balto County

Date of Burial, April 10th 1879

Undertaker, J. E. Hough

Place of Business, Penn. Ave

H. K. Warren M. D.
Medical Attendant.

Address Townsend & Stricker Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Gertrude Kettner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 26 Days.

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 429 N. Dallas St

Cause of Death. {First (Primary.) Scarlet Fever

{Second (Immediate.) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 5th 1879

Undertaker, Theodore J. Lyons

Place of Business, 73 Jefferson St

Wm. N. Hill M. D.
Medical Attendant.

Address 814 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Kenny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Cor Orleans & Canal

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Geo W Reynolds M. D.

Medical Attendant.

Date of Burial, April 10th 1879

Undertaker, Joseph F Byrne *Address* 143 North Carrol St

Place of Business, 69 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Flora Linley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 60 Courtland bet Eutaw & Mc

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician

Place of Burial, Lanvel Cemetery

Date of Burial, April 10th 1879

Undertaker, Wm James Gray

Place of Business, 165 Mulberry *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 10 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carolin Theresia Bezely

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Five (5) *Years,* Two (2) *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 476 N. Gay Street

Cause of Death, First, (Primary,) Parotitis et Cellulitis Cervicis

Second, (Immediate,) Pyrexia

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th 1879

Undertaker, Adam Funk

Place of Business, 461 N. Gay St.

S. W. Bloom M. D.
Medical Attendant.

Residence Corner Bayard & Jacobus Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 10 1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hellman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brunswick (Germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor: of John and Valley Sts

Cause of Death, First, (Primary,) old age debility

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 11th 1879

Undertaker, Henry Schultheis

Place of Business,

F. McKane M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Specia… Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases…

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1879

CERTIFICATE OF DEATH.

Date of Death, April 8th 6 P. M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} N. E. cor Lafayette & Patterson P. Avenue

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, About two years more or less.

All the above Information should be furnished by the Physician.

Place of Burial Mount Carmel Cemetery

Date of Burial, April 11th 1879

James E. Emmelle M. D.
Medical Attendant.

Undertaker, Fry & Leo

Place of Business, 642 Broadway *Address,* 219 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Bradbard

Sex, Male or Female, {cross out the word not required in this line.}

HEALTH DEPARTMENT RECEIVED APR 10 1879 BALTIMORE

Age, 7 *Years,* 6 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 252 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 10th 1879

Thos. Ford M. D.
Medical Attendant.

Undertaker, Julius Kackley

Place of Business, Sharp & Grass. *Address,* 126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6 DAY Aug

OF 19. THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH # 28301 1878 AND

ENDING WITH # 31500 1879 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

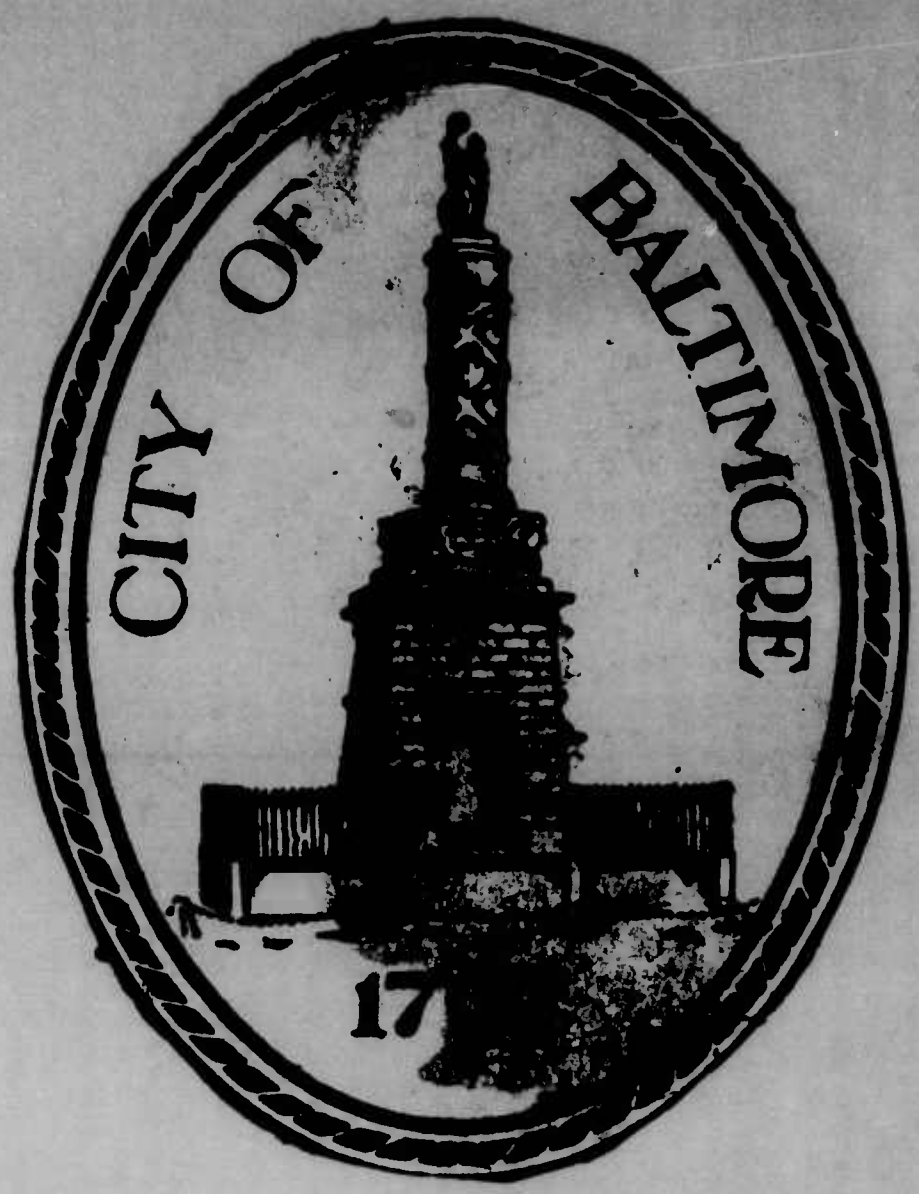
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: © Kline



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